GLAMORGAN COUNTY COUNCIL

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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1970

W. EVAN THOMAS, Q.H.P., M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

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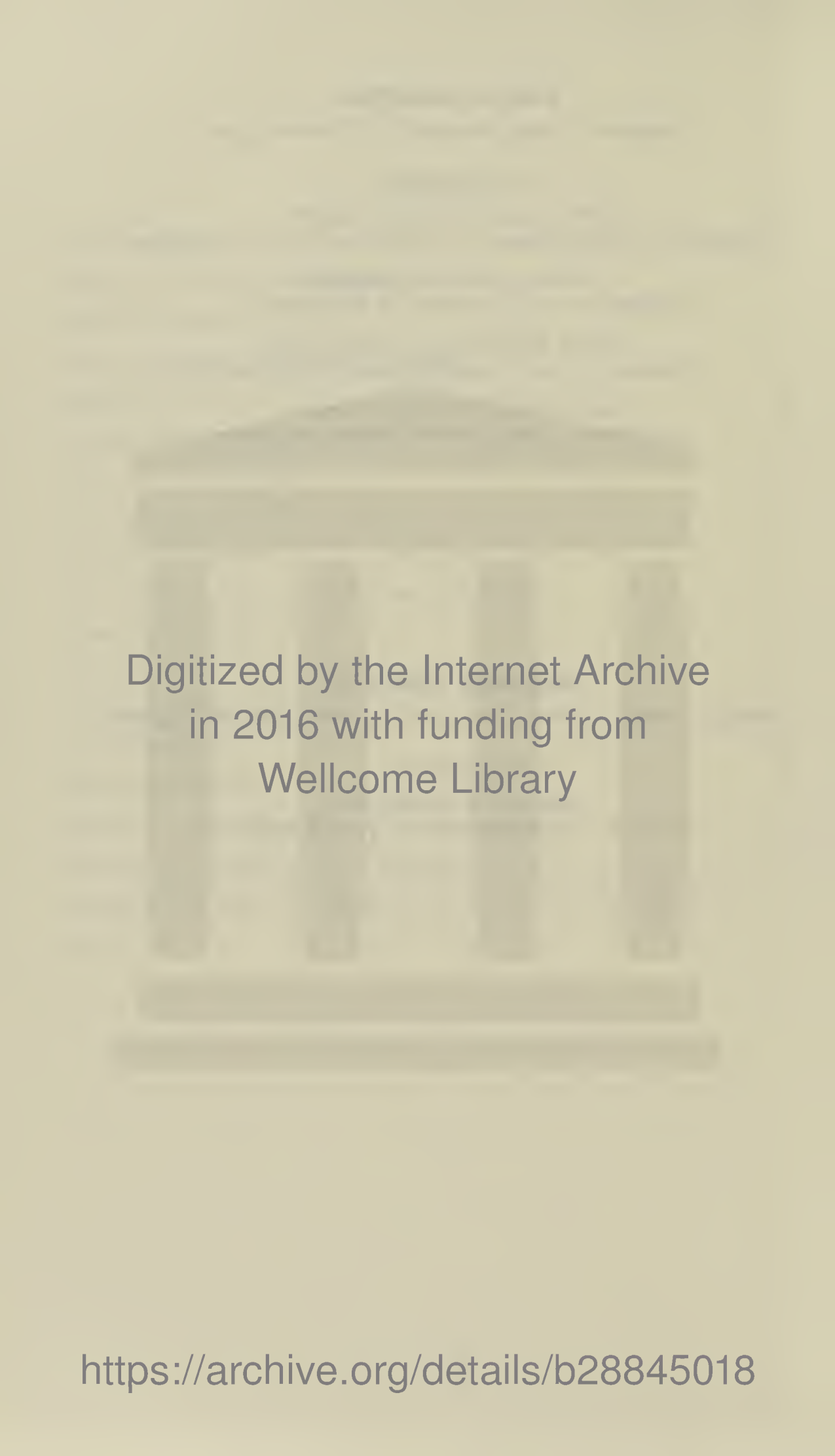
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GLAMORGAN COUNTY COUNCIL

To the Chairman and Members of the Health Committee and Chairman and Members of the Education Committee

Mr. Chairmen, Ladies and Gentlemen.

I have the honour to submit my reports on the state of health of the County and on the work of the school health service during 1970. Included are reports of the Borough School Medical Officer for the Rhondda, Dr. R. B. Morley Davies, and the Principal Dental Officer, Mr. D. R. Edwards. I also wish to thank Dr. K. W. Aron, Child Psychiatrist, and the head teachers of special schools for their contributions.

The annual reports of the County Medical Officer have appeared every year since 1892 with the exception of the years 1914–19 when a composite report appeared instead. The reports record the work of the departmental staff and also appraise the health situation in the County. Taken together they show what progress has been achieved and the areas where much still remains to be done.

Glamorgan is a County of contrasts. In the Vale and in the Gower the health of the people compares favourably with the health of the populace of this country as a whole but in the mining valleys and the industrial towns this is not so. These wide variations also occur in the rest of the country and they reflect past or present differences in prosperity and environmental factors such as mode of work, housing and where we live. Since a high proportion of workers in the County have been or are still engaged in strenuous occupations and the effects of the economic hardship of the thirties have not yet been eradicated, the health indices of many areas of the County will continue to be unsatisfactory for some years.

The estimated mid-year population was 748,190 and was an increase of 3,280 on the mid-year population for the previous year. There were 12,083 births and 9,321 deaths, the excess of births over deaths being 2,762. The gain of the County due to migration was 518. The County has ceased to lose substantial numbers of its population because of migration to England and will benefit from the trend whereby people move out of cities. The population of the mining valleys, however, continues to fall as more workers move nearer their place of work. The decision to allow the development of a new town at Llantrisant will allow more industries to be brought to the County thus giving employment to workers now engaged in the declining industries and provide greater prosperity.

The birth rate of 16·6, the lowest since 1960, varies considerably from area to area. Developing areas such as Llantrisant and Llantwit Fardre have a high birth rate whilst "boom" towns of ten years ago, such as Port Talbot, have a low rate for the time being until the cycle of a high birth rate returns during the next decade.

The death rate is disappointingly high. The crude rate was 12·5 per 1,000 but the rate adjusted for sex and age structure of the population was 14·1. This is 21% higher than the national average. The rates in some mining districts were very high and the principal contributory causes for these excessive deaths were heart disease, cerebral vascular disease and bronchitis. The infant mortality rate was 21 per 1,000 live births, while the figure for peri-natal mortality was 27 after staying at 30 for the previous five years. There were four maternal deaths representing one death per 3,000 pregnancies. 2,558 children died under the age of one year and of these 180 died under four weeks, out-numbering those who died between the age of one month and 14 years, namely 138. It is considered that if more women could be persuaded when pregnant to seek ante-natal care early, attend the doctor's ante-natal surgery regularly and follow the advice given, more healthy babies would be born.

Death rates among older men aged 55 to 64 are twice that of comparable aged women. Diseases which cause more deaths among men than among women are lung cancer—six times, bronchitis—four times and ischaemic heart disease —three times as many deaths. Many of these diseases result from faulty habits such as smoking, lack of exercise and undue stress. Sir George Godber, Chief Medical Officer for England, has described cigarette smoking as the largest single avoidable cause of death and that the public should cease to regard smoking as a contribution to a social occasion.

During the autumn vaccination against German Measles (Rubella) was offered to girls between the ages of 11 and 13 years, with the object of eliminating congenital abnormalities due to this disease. One-third of two-year-old children had not completed the course of vaccination against whooping cough, diphtheria and poliomyelitis by the end of the year. It is, however, proposed to computerise health department records of babies born in 1971 and thereafter and this should lead to a considerable improvement.

5,521 Glamorgan children suffered from measles compared with 3,465 in the previous year. The 1970 figure was the highest since 1966. The acceptance rate for vaccination in Glamorgan is low and much of this is due to the uncertainties about unfavourable re-action held by many doctors. Notifications of pulmonary and non-pulmonary tuberculosis were higher than in the previous two years thus illustrating that the fight against this disease must not be relaxed.

In August the Health Committee accepted a proposal by the Government that the Authority should serve as a model to which other authorities could be referred for guidance in implementing the Mayston Report on management structure of the nursing services.

The excellent relations with family doctors continue. At the end of the year one-third of home nurses had been attached to general practice and all nurses were attached before April, 1971. The home nursing service is also being re-organised at field level so that part-time S.E.N. nurses worked under the leadership of a full-time district nurse. The attachment of nurses and health visitors provides the family doctor with considerable community nursing support and enables services for the patient to be integrated. More health centres

were provided and discussions took place with the doctors concerned and the Chairman and Secretary of the Executive Council on the planning of further centres.

The Glamorgan news letter to family doctors is issued monthly and is also distributed to consultants and hospital staffs throughout the County. Its circulation now exceeds 1,000 and is a useful means of informing family doctors and consultants on the views and activities of the Health Department.

Close co-operation with the hospital service continues and patients discharged early to their homes are as far as possible provided with nursing care and other support. An exercise in close co-operation with the hospital service in an emergency took place in January when medical services were organised in the event of the Maerdy Dam collapsing and endangering the lives of many inhabitants in the Rhondda Fach. During the year opportunities were given to comment on the hospital plan for greater Cardiff and representatives of the Authority met the Chairman of the Hospital Board and his officers. Some of the proposals of the Authority were subsequently accepted by the Board and the Secretary of State.

Dr. C. J. Revington, my deputy, is closely concerned with the expansion of the mental health service. The County have a comprehensive mental health service including hostel accommodation and provision for the training of adults Arrangements were made early in 1971 for the mental health service to be transferred to the new Social Services Department, but while that department is being formed, it is proposed that other services be transferred, viz., the home help service, nurseries and child minders, care of unmarried mothers, night sitter-in service and provision of convalescence will continue to be administered on an agency basis by the health department for at least a year. Care will need to be taken to ensure that the work of the health and social services department is co-ordinated so that services to patients and clients do not suffer.

As I shall be retiring at the end of this month after serving as County Medical Officer for the past twenty-three years, I would like to express my appreciation of the work of the staff of the Health Department which, of course, includes the staff of the Health Divisions as, without their efforts, it would not have been possible to implement the policy of the County Council in providing the efficient health services which have proved of benefit to so many people.

I know my successor, who has been my deputy for the past ten years, can count on the loyalty and co-operation which I received, and whatever the future has in store in the envisaged reorganisation, not only of the Health Service, but also of Local Government, they will continue with him to give of their best, and I wish them every success in their endeavours.

May I also say what a great pleasure it has been to me that Mr. J. H. L. Mabbitt, my Principal Administrative Assistant, has this year been honoured by being elected President of the Association of Health Administrative Officers.

I also wish to record my appreciation of the help given me by chief officers and to County Alderman Reginald Francis, Chairman of the Health Committee

and the Lord Heycock, Chairman of the Education Committee and members of the County Council for their interest and support.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer and
Principal School Medical Officer

Public Health Department
County Council Offices
Greyfriars Road
Cardiff

December 1971.

STAFF AS AT 31st DECEMBER, 1970

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

W. Evan Thomas, Q.H.P., M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

C. J. Revington, M.B., B.CH., B.SC., D.P.H.

ASSISTANT PRINCIPAL MEDICAL OFFICER AND ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER.

A. R. Davis, M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H.

SENIOR MEDICAL OFFICER.

J. P. J. Clarke, M.B., B.CH., D.P.H.

PRINCIPAL SCHOOL DENTAL OFFICER.

D. R. Edwards, L.D.S., R.C.S.(ENG.).

COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYST.

L. E. Coles, B.PHARM., PH.D., F.P.S, F.R.I.C.

RHONDDA BOROUGH DELEGATE AUTHORITY.

MEDICAL OFFICER OF HEALTH AND BOROUGH SCHOOL MEDICAL OFFICER.

Joy A. Mason, M.B., B.CH., D.P.H., B.SC.

BOROUGH DENTAL OFFICER:

Vacancy.

DIVISIONAL MEDICAL OFFICERS:

J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.
P. A. John, M.B., B.CH., B.SC., D.P.H.
J. Alun Evans, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.
Alun G. Alexander, B.SC., M.B., B.CH., D.P.H.
D. W. Foster, M.B., B.CH., B.SC., D.P.H.
D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.
D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.
G. E. Donovan, M.SC., M.D., B.CH., B.A.O., D.P.H.

AREA DENTAL OFFICERS.

C. E. James, L.D.S., R.C.S.
D. C. McKendrick, L.D.S., R.C.S.
R. G. Phillips, B.D.S.
V. H. Price, L.D.S.
R. I. Sheppeard, B.D.S.
Ceri Thomas, L.D.S., R.C.S.
P. E. Williams, B.D.S.

MEDICAL OFFICERS.

S. Baig, M.D., B.S.
James A. Brown, L.R.C.P., L.R.C.S., L.R.F.P. and S.G., D.C.H., D.P.H.
David H. Davies, M.B., B.CH., D.C.H.
Thomas M. Davies, M.R.C.S., L.R.C.P.
Shirley P. Francis, L.R.C.P., M.R.C.S.
Gaynor Harry, M.B., B.CH., B.SC.
Deirdre J. Hine, M.B., B.C.H., D.P.H.
Anne E. E. Hirst, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
A. Spencer Jones, M.B., B.CH., B.SC.
John G. Jones, M.R.C.S., L.R.C.P.
Thomas T. Jones, M.B., CH.B., D.R.C.O.G.
Graham S. Lodwig, M.B., B.CH.
Ian C. Peebles, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H.
Enid A. Reed, M.B., B.CH., D.C.H.
R. N. Sarkar, M.B., B.S., D.R.C.O.G.
Sibani Sarkar, M.B., B.S., D.P.H.
John H. Stubbins, M.B., CH.B., D.P.H.
J. E. McKim Thomas, M.B., CH.B., D.R.C.O.G., D.C.H.
Jennifer S. Walsh, M.B., B.CH.
William G. Westall, M.B., B.CH., D.R.C.O.G.
Thomas T. Westhead, M.B., CH.B., D.P.H.

DEPUTY COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYST.

Mansel C. Finnear, B.SC., F.R.I.C.

COUNTY PUBLIC HEALTH INSPECTORS.

H. P. Evans, M.A.P.H.I., A.R.S.H. (Senior)
D. J. Camp, M.A.P.H.I., A.R.S.H.

PRINCIPAL NURSING OFFICER.

Jennet M. Davies, S.R.N., S.C.M., H.V.CERT.

DEPUTY PRINCIPAL NURSING OFFICER.

Vacancy.

COUNTY AMBULANCE OFFICER.

David I. Morris, F.I.A.O., A.F.I.C.D.

COUNTY ORGANISER of HOME HELPS.

Nancy O. Parry.

CHIEF CHIROPODIST.

L. G. Burland, M.CH.S., S.R.CH.

PRINCIPAL ADMINISTRATIVE ASSISTANT.

J. H. L. Mabbitt.

GLAMORGAN COUNTY COUNCIL
HEALTH COMMITTEE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

ADMINISTRATION

In recent years two important reports have been published on the management structure of the nursing services, viz., the Salmon Report on senior nursing staff structure in the hospital service and the Mayston Report which applied the principles of the Salmon Report to the Local Authority Nursing Services.

In August 1970 the County Health Committee agreed to act as one of the authorities which would serve as a model to which other authorities could be referred for information and experience of the application of the principles advocated in the Mayston Report and a meeting took place with officers of the Department of Health and Social Services and of the Welsh Office in early January to which nursing staff representing the various disciplines and levels of responsibility were invited to attend.

Since 1948 Glamorgan have had a divisional system of administration with a divisional medical officer directly answerable to the County Medical Officer for all the divisional services and the divisional and area nursing officers are directly answerable to the appropriate divisional medical officer. However, each divisional and area nursing officer is accountable to the Chief Nursing Officer for professional nursing standards in each division and the latter in turn is answerable to the County Medical Officer for nursing standards in the County and is also his advisor in such matters.

The Mayston Report saw the need for three levels of nursing management, top, middle and first line. In determining the staffing structure appropriate to the local situation in each authority, it is first necessary to identify the elements of management necessary at each level of responsbiility so that the appointments can be correctly graded and strictly related to need.

Since 1948 the three levels of managerial responsibility that existed in Glamorgan were:—

(1)	Top level management (policy formulation)	The County Medical Officer supported by professional and administrative headquarter staff.
(2)	Middle management (policy execution) ..	The divisional medical officer supported by the divisional administrative officer and divisional and area nursing officers.
(3)	First line management (supervision of field staff) ..	The divisional nursing officer (home nursing and health visiting) and the area midwifery nursing officer (midwifery). The area nursing officer normally covers three health divisions.

It was agreed that the demands on the nursing services are likely to increase in the future and there was need to strengthen management to ensure improved patient care based on sound nursing policies and effective deployment of staff. The divisional and area nursing officers exercised two distinct levels of managerial responsibility, viz., middle management—policy execution and first line management—supervision of field staff. As a result their duties were not clearly defined.

The Government representatives accepted that the principles of the Mayston Report would need to be applied to the Glamorgan pattern of administration as it stood, i.e., with divisional areas ranging from a population of 62,000 to 120,000 and with a divisional medical officer answerable to the County Medical Officer for the efficient running of the divisional health services.

It was, therefore, agreed that a suitable nurse managerial structure for Glamorgan would be as follows:—

Top management	..	One chief nursing officer and one principal nursing officer.
Middle Management	..	Nine area nursing officers being responsible for all three nursing services within the division, viz., health visiting, home nursing and midwifery, instead of responsibilities being divided between nine area nursing officers and three area midwifery officers.
Line Management	..	Nine first line managers (health visiting) instead of nine group advisers (health visiting), nine first line managers (home nursing) (new posts) instead of one group adviser (home nursing)

Because the midwifery service is declining the area nursing officers would deal with first line managerial responsibilities for this service but would be able to refer to the principal nursing officer for professional advice and also to those area nursing officers who are qualified to act as non-medical supervisors of midwives.

The non-medical supervision of midwives would be undertaken by the principal nursing officer aided by such area nursing officers who are also qualified to act in this respect.

Retirements, resignations and promotion among nursing officers will enable area midwifery nursing officers to be transferred to vacant divisional nursing officers posts by mid-summer 1971 and the current nursing officer strength as at December, 1970 as compared with the proposed arrangements is shown as follows:—

Description of Post	*Present Establishment*	*Proposed Establishment*
Chief Nursing Officer	1	1
Principal Nursing Officer	1	1
Divisional (Area) Nursing Officers	9	9
Area Midwifery Nursing Officers	3	0
Group Advisers (health visiting) ..	9	0
First line managers (health visiting)	0	9
Group Adviser (home nursing) ..	1	0
First line managers (home nursing)	0	9
Total ..	24	29

HEALTH CENTRES

The Annual Report for 1969 devoted space to the arrangements made by the Authority since 1949 in making preparations for the possible development of health centres. In 1957 the Authority released a large number of sites which had been earmarked for health centres because family doctors were then opposed to working from them but in late 1964 some family doctors made enquiries about their possible provision and since then the following have been provided.

TABLE 1

HEALTH CENTRES OPENED SINCE 1967

Name of town	Number of Family Doctors accommodated	Date open
Glyncorrwg ..	1	1st May, 1967
Talbot Green ..	2	1st January, 1968
Resolven ..	3 (now 2)	1st April, 1969
Gorseinon ..	8 (plan for 7)	15th May, 1969
Kenfig Hill ..	1 consultant suite	15th May, 1969
Hirwaun ..	2	9th May, 1970
Clydach ..	3	11th August, 1970
Radyr ..	1	9th November, 1970
Taffs Well ..	3	23rd November, 1970

CARE OF MOTHERS AND YOUNG CHILDREN

Maternal Health

The authority assisted the National Birthday Trust Fund and the Royal College of Obstetricians in their national survey of all babies born during the week 5th to 11th April 1970. Two hundred and forty-two babies in Glamorgan were born during that week and all but one mother agreed to take part in the survey. Only 12 babies (5 per cent) were born at home compared with 13·5 per cent for the full year.

The survey sought information about the care of the mother and baby for the first week after delivery as well as ante-natal care and labour. It is hoped that the mass of information received will assist authorities in reducing the rate of stillbirths and infant deaths under one week.

Of the 241 Glamorgan mothers who agreed to take part in the survey, 14 per cent belonged to social class I and II (professional and managerial) 56 per cent to Social Class III (the skilled) and 30 per cent to Social Class IV and V (the semi-skilled and unskilled). Seven per cent of the mothers completed full time education at 18 years and over, 23 per cent at 16 or 17 years, and 70 per cent at 15 years or less.

Fourteen per cent of the mothers were in their teens, 69 per cent were in their twenties, 14·5 per cent were in their thirties and 2·5 per cent were in their forties. Thirty-seven per cent of the mothers were having their babies for the first time and 9 per cent were having at least their fifth baby.

A fifth of the teenage mothers gave birth to their second baby and one teenage mother her third baby.

Contraception

Since January 1968, 53·5 per cent of the women had not been using any form of contraception.

Ante-natal Preparations

Two-thirds of the mothers (175) stated that they had received no instruction in mothercraft, or preparation for labour. Four in ten mothers who had their first baby received instruction.

Mothers Who Smoked

At least half the number of women smoked.

Ante-Natal Care

Less than half of the mothers (48 per cent) commenced ante-natal care before the sixteenth week of pregnancy. National studies have shown that peri-natal mortality is greater where the mother is booked after the sixteenth week. There are a number of reasons for late booking.

(i) *Ease of hospital booking.*

It is no longer difficult to secure a hospital bed so that there is no longer a powerful inducement for women to book a bed early in pregnancy.

(ii) *Employment.*

Ninety per cent of the women having their first baby were in employment before this pregnancy and some may have been too shy to ask their employers for the time off to visit their doctor early in pregnancy.

(iii) *Shyness resulting from pre-marital conception.*

Nineteen of the teenage married women (56 per cent) conceived before marriage and only five made their first visit before the sixteenth week of pregnancy. Eight of the mothers in the early twenties (10 per cent) conceived before marriage. Only one received ante-natal care early and another sought no ante-natal care whatsoever. Three received care late in pregnancy (after 31 weeks). One mother only in the late twenties age range conceived pre-maritally and she too was late, twenty-second week, but not as markedly late as many of the younger women.

(iv) *Shyness of the unmarried.*

Unmarried mothers also tend to seek ante-natal care late. Of the five teenage unmarried girls, only one sought ante-natal care early and another made her first visit in the fortieth week. Three unmarried mothers in their early twenties sought ante-natal care rather late but the two single girls in their late twenties made an early first visit. The woman separated from her husband was in her early thirties, had had three previous pregnancies and sought care in the thirty-third week.

(v) *Multiparae women.*

Multiparae women (4+) are traditionally latecomers in seeking ante-antal care but they do not leave it until it is very late.

Type of Ante-Natal Care

Ante-natal care is nowadays undertaken by many agencies and it is rare for a mother to receive care from only one source. During April, 1970 a fifth of the women attended County Council clinics in association with the hospital clinic or general practitioners but only 1 per cent attended clinics alone. Three quarters of the women were cared for by general practitioners, in association with other agencies, but only one in eighteen women received care exclusively by her general practitioner.

Number of Ante-Natal Visits

The first report of the 1958 British Peri-natal mortality survey clearly showed an inverse relationship between the number of visits and the peri-natal mortality rate. With a few visits up to four, the mortality rate remained high but as the number of visits increased, the peri-natal rate was lowered. These findings suggest that if 15–24 ante-natal visits could be undertaken by all patients, the improvement in ante-natal care would result in a significant reduction in peri-natal mortality.

Only 17 per cent of Glamorgan women were known to make 15 or more attendances which is lower than the findings for Britain in 1958. It is not therefore surprising that the peri-natal mortality rate in Glamorgan is higher than the national average.

Standard Investigations

There are a number of standard investigations and tests which are known to be essential for the best possible care and a measure of regular preformances of these tests gives some estimate of the quality of ante-natal care.

Satisfactory steps were being taken to ensure that women were being tested for anaemia and over half the women were tested on at least three occasions indicating that treatment for anaemia was initiated. Only six women were not tested, and of these three did not seek ante-natal care and the other three sought care too late. The rhesus factor was known in all cases except two and W.R. tests for venereal disease were undertaken in nine out of every ten women and all proved negative.

In Patient Care During Ante-Natal Period

Seventy-five women (31 per cent) had in patient care during the ante-natal period, not including admission in labour or false labour.

Conclusion

It was clear that ante-natal care of a high order was given by general practitioners and other agencies provided that expectant mothers made appropriate use of the services available. In a minority of cases record keeping could be improved upon, but the difficulties might be due to the variety of agencies providing care.

There is need to persuade expectant mothers to attend for ante-natal care earlier so that they can make more ante-natal visits. Not enough women attend ante-natal and mothercraft classes. These are of particular value in a first pregnancy.

Table 2

Attendances at Ante-Natal Clinics

Year	County Council premises	Hired premises	No. of half-day sessions	No. of women attending	No. of attendances
1968	41	39	3,212	5,651	24,972
1969	43	19	2,493	4,233	19,026
1970	41	17	1,990	3,413	16,268

Table 3

Ante-Natal Classes, 1969 and 1970

Year	No. of courses arranged	No. of talks	No. of mothers attended	No. of attendances	No. of parents evenings held	No. attended
1969	334	2,149	2,651	11,069	11	91
1970	354	2,200	2,565	11,815	14	202

Care of Unmarried Mothers

In 1970 701 (5·9 per cent) babies born to Glamorgan mothers were illegitimate. However, only thirty-seven unmarried mothers were admitted to mother and baby homes. This compares with thirty-one mothers in 1969. The age range of these girls were:—

Under 16	3
16 to 18	20
19 to 20	10
21 and over	5

They were admitted to the following mother and baby homes:—

65 Cowbridge Road West (Church in Wales) ..	28
Northlands, Cardiff (Salvation Army)	6
St. Anne's, Chepstow (Roman Catholic)	1
Cwmdonkin House, Swansea (Church in Wales) ..	2

Table 4.

Domiciliary and Institutional Live and Stillbirths. Attendances at Maternity and Child Health Centres.

Health Division	Births				Ante-natal and Post-natal Clinics				Child Health Centres				
	Live births		Still-births		Number of ante-natal clinics	Number of women who attended during the year		Total number of attendances	Number of Centres	Number of children who attended during the year who were born in			Total attendances
	Domiciliary	Institutional	Domiciliary	Institutional		Ante-natal	Post-natal			1970	1969	1965–1968	
Aberdare and Mountain Ash	57	943	1	10	—	—	—	—	13	910	902	687	19,175
Caerphilly and Gelligaer	146	1,354	—	16	5	466	—	2,689	22	1,371	1,479	1,860	34,411
Mid-Glamorgan	277	1,859	2	30	16	283	54	1,498	28	1,878	2,036	2,309	54,547
Neath and District	66	862	1	9	8	438	99	3,311	15	904	1,000	2,725	14,889
Pontypridd and Llantrisant	181	1,184	—	25	3	313	45	1,348	14	1,543	1,258	1,362	19,489
Port Talbot and Glyncorrwg	29	843	—	15	12	620	83	2,668	16	828	884	1,210	16,933
South-East Glamorgan..	120	1,769	—	26	4	692	—	1,746	20	1,741	1,874	1,771	21,531
West Glamorgan	34	1,014	—	15	6	308	148	2,160	16	689	639	662	14,605
Rhondda..	139	1,145	3	27	5	293	78	1,461	8	995	1,031	664	12,605
Totals	1,049	10,973	7	173	59	3,413	507	16,881	152	10,862	11,103	13,250	208,185

Smoking and the Expectant Mother

Premature infants make a major contribution to infant mortality and morbidity. In Glamorgan they form only 9 per cent of all births but they account for 62 per cent of mortality in the peri-natal period and the survivors have a higher incidence of physical and mental handicaps.

A number of studies have shown that smoking during pregnancy is directly associated with low birth weight. Low birth weight is nearly twice as common in the babies of smokers. The main effect of smoking being reduction in birth weight which indicates a direct effect on foetal growth rather than a shortening of the period of gestation. The mortality in babies of smokers is significantly higher than in those of non smokers and the excess of mortality is explained by an increase of low birth weight babies.

In Glamorgan 242 mothers were confined during a week in April 1970 of whom 126 (52 per cent) smoked. Of the women who smoked 19 per cent smoked under 5 cigarettes a day, 56 per cent smoked between 5 and 14 cigarettes a day, and 25 per cent smoked between 15 and 24 cigarettes a day. One woman smoked more than 25 cigarettes daily. A higher proportion of women smoked in the mining valleys than in the coastal regions and, with the exception of two health divisions, the proportion of mothers who smoked varied from 64 per cent to 43 per cent. The exceptions were Aberdare and Mountain Ash 74 per cent and West Glamorgan 27 per cent. The figures indicate that young women are following men in their smoking habits.

Family Planning Service

The County Family Planning Service has extended rapidly since August 1967 when restrictions on the service were removed by Act of Parliament.

End of Year	*No. of Patients on Register*
1967	500
1968	995
1969	2,018
1970	4,449

Before the 1967 Act the County Council had provided birth control facilities for women when pregnancy would endanger their health, but the Act permitted the Authority to provide advice on contraception and supplies for any person who needed them.

The Authority decided to run a directly provided family planning service but have continued to co-operate with the Family Planning Association by allowing them to hire County Council premises free of charge. The following table gives the number of patients registered at County Council clinics during the year 1970 by health divisions:—

TABLE 5

GLAMORGAN FAMILY PLANNING 1970

No. of Registered Patients including those receiving a free supply

Division	Supplies Free (medical and non medical but needy)	% Total cases	Total cases	Remarks
Aberdare ..	15	2·0	771	Only medical cases receiving free supplies. D.M.O. to be asked to expand service to deal with needy.
Caerphilly ..	403	38·6	1,044	County Service well entrenched, domiciliary visits made.
Mid-Glamorgan	38	14·8	257	Service to be expanded in 1971.
Neath	179	22·3	804	County Service well entrenched, domiciliary visits made.
Pontypridd ..	113	48·7	233	Service will expand 1971. F.P.A. withdrawing from Pontypridd.
Port Talbot ..	219	73·2	299	Clinics held at Sandfields and Croeserw housing estate. F.P.A. withdrawing Cymmer, August 1971.
South-East Glamorgan	31	6·5	477	County have regular I.U.D. Clinics.
West Glamorgan	47	10·9	430	
Rhondda ..	9	6·7	134	F.P.A. strongly entrenched and difficulties experienced in obtaining medical staff. Borough to be asked to expand service for needy.
Total ..	1,054	23·7	4,449	

It will be noted that the development of the service varies considerably in the divisions. There are a number of reasons for this but the principal reason is the shortage of suitably trained medical staff.

Various methods of bringing about greater use of the service have been discussed with divisional medical officers, e.g., press announcements giving the times of clinic sessions, talks and information to particular groups, e.g., ante-natal classes and mother clubs, disseminating information about clinic times to family doctors, matrons of maternity hospitals and the County nursing staff.

The Abortion Act also came into effect in 1967 and during the period July, 1969 to June, 1970, 799 Glamorgan women underwent N.H.S. abortion operations and it is estimated that a further 107 women were dealt with at N.H.S. hospitals and private nursing homes in England. This represents 7·4 abortions per 100 live births.

In a number of health divisions health visitors convey, in their cars, women who need a family planning service but who would not normally seek it. These are wives with large families who have repeated pregnancies. They tend to live in sub-standard homes, suffer from illhealth and some have limited intelligence.

In 1969, 1,548 teen-aged girls gave birth to a baby representing 12·5 per cent of all women who were delivered in that year. Thirteen of these girls were having their third baby, one was having her fourth baby and one was having her fifth. 278 of the girls (18 per cent) were unmarried.

Vasectomy

On the 30th April, 1970, the Secretary of State for the Social Services made a statement in the House of Commons that male sterilisation by vasectomy would be made available to husbands under the National Health Service. Hitherto doctors had been able to perform this operation under the National Health Service only when it was in the medical interests of the man concerned. The Government now accept that this operation may be performed on a husband in the interests of the health of either husband or wife. The consent of the husband and wife would be required and the decision to perform the operation and the priority accorded to it in relation to other demands for surgical work, would be a matter for the surgeon concerned.

A pioneer male sterilisation clinic was started by the Family Planning Association at Cardiff and is held in the evenings in the Out-Patient Minor Operating Suite in the Cardiff Royal Infirmary. This is done outside the National Health Service for a fee of 15 guineas but the waiting period in 1970 was 18 months. The majority of these cases require this operation on social grounds rather than medical grounds.

The County Council has no power to undertake sterilisation operations as part of their family planning arrangements but until the new announcement by the Secretary of State, payment was made to the Family Planning Association in one case under Section 1 of the Children and Young Persons Act, 1963 so as to prevent the break-up of a family.

Child Health Service

The authority's child health service is concerned with the full physical and emotional development of children so that they may take their place in society as a healthy, well adjusted person. Briefly the authority's child health service provides

(*a*) Routine medical examination of children presumed to be healthy.

(*b*) For the identification at an early age, of children with physical, mental or emotional defects by the special examination of children in 'at risk' groups.

(*c*) Parental counselling.

(*d*) Health education of parents.

(*e*) Immunisation and vaccination.

(*f*) Sale of welfare and proprietary foods.

The service is popular, 88·5 per cent (10,862) of Glamorgan children born in 1970 attended centres and also 89·7 per cent (11,103) of those born in 1969 and 25·7 per cent (13,250) of those born between 1965 and 1968. All these children made 208,185 attendances: those under one year made 78,350, those between one and two years made 76,454 and others made 53,381 attendances.

A total of 7,057 sessions were held, 5,492 by medical officers, 568 by health visitors and 997 by general practitioners employed on a sessional basis. The number of general practitioner sessions does not include sessions held by family doctors seeing their own patients at health centres.

In December 1970 there were 151 static and one mobile clinic. There was also a mobile dental clinic. 61 clinics were purpose built, 17 were held in adapted premises and 73 in hired premises.

The following clinics were closed during the year:—

Clinic	*Reason for closure*
Hirwaun ..	Superseded by health centre.
Cogan	Hired premises no longer available to authority.
Taffs Well ..	Superseded by health centre
Radyr	Superseded by health centre
Godre'rgraig ..	Unsatisfactory premises. Clinic transferred to boys club.

Evanstown Clinic

In the annual report for 1969 reference was made to the desire on the part of the authority to close Evanstown clinic which was held in unsatisfactory chapel premises because a purpose built clinic was situated only 0·6 miles away. The closure of this clinic was resisted by Ogmore and Garw Urban District Council and a compromise was reached whereby Evanstown clinic became a food sales point and a health visitor was also in attendance so that parents could discuss problems with her. In 1971 Evanstown clinic closed because the premises had become so dilapidated that its upkeep was beyond the resources of its dwindling congregation.

The ranking of health divisions according to attendances at child health centres was as follows:—

Table 6

Attendances at Child Health Centres, 1970

Division*	Total No. of attendances	No. of clinics	No. of clinic sessions held during 1970
(1) Mid-Glamorgan	54,547	28	1,485
(3) Caerphilly and Gelligaer ..	34,411	22	847
(2) South-East Glamorgan ..	21,531	19 plus one mobile clinic	1,304
(4) Pontypridd and Llantrisant	19,489	14	614
(7) Aberdare and Mountain Ash	19,175	13	622
(9) Port Talbot and Glyncorrwg	16,933	16	655
(8) Neath and District ..	14,889	15	521
(6) West Glamorgan	14,605	16	535
(5) Rhondda	12,605	8	474

* Ranking of division, according to number of live births 1970, given in brackets. Number of births given in Table 11.

Nurseries and Child Minders Regulation Act 1948

The scope of the 1948 Act was extended by the Health Services and Public Health Act 1968. Under these Acts the County Council has a duty to register and supervise nurseries and child minders in their area. The Authority's regulations concerning registration and supervision of nurseries and child minders are stringent.

Nursery proprietors and child minders are given a booklet of advice on the management of nurseries and are visited regularly by health visitors on an informal basis. Formal visits are made by divisional nursing officers once a term. New applications were investigated during 1970 by the deputy principal nursing officer but arrangements were made in 1971 for these investigations to be made by divisional nursing officers in accordance with the Authority's regulations. The County Health Committee authorises registration.

At the end of the year there were 94 registered nurseries and 91 child minders. Table 7 gives details of the nurseries and child minders according to division and it will be noted that there were 18 voluntary nurseries where the medium of instruction is in Welsh and six voluntary nurseries dealing with handicapped or socially deprived children.

TABLE 7

NUMBER OF NURSERIES AND CHILD MINDERS ON THE REGISTER ON 31ST DECEMBER, 1970

Division	Premises		Nurseries for handicapped or socially deprived children	No. of child minders
	Private nurseries	Welsh voluntary		
Aberdare and Mountain Ash	1 (18)	1 (10)	—	—
Caerphilly and Gelligaer ..	4 (85)	5 (138)	—	15 (87)
Mid-Glamorgan	13 (318)	5 (88)	2 (38)	20 (122)
Neath and District ..	3 (74)	—	2 (35)	3 (25)
Pontypridd and Llantrisant	7 (176)	1 (20)	—	11 (30)
Port Talbot and Glyncorrwg	2 (48)	1 (20)	1 (20)	8 (70)
South-East Glamorgan ..	31 (774)	4 (55)	—	26 (222)
West Glamorgan	7 (141)	1 (20)	—	8 (66)
Rhondda	2 (40)	—	1 (15)	—
Total as at 31st Dec., 1970	70 (1,674)	18 (351)	6 (108)	91 (622)
Total as at 31st Dec., 1969	65 (1,556)	17 (300)	6 (113)	82 (602)

Figures in brackets indicate the maximum number of children that may be received.

DAY CARE OF OTHER CHILDREN AT PRIVATE NURSERIES

During the year five hearing children of deaf parents were being cared for at the Authority's expense at private day nurseries so that they would have greater opportunities to converse normally and develop speech. In addition five children from socially deprived families were also maintained at private day nurseries at the Authority's expense.

PREMATURE INFANTS

A premature infant is one who weighs 2,500 g. or less, this being the international criteria; this is the equivalent of $5\frac{1}{2}$ lb. During 1970 7 per cent of live births and 58 per cent of stillbirths in Glamorgan were premature. Table 9 shows that 4 per cent of premature live births were 2 lb. 3 ozs. (1,000 g) or less and that 10 per cent were 3 lb. 4 ozs. or less. The babies weighing between 4 lb. 15 ozs. and 5 lb. 8 ozs. accounted for 48 per cent. The neo-natal mortality rate for premature live infants is also given in Table 9. It will be noted that nine out of every ten children in the lowest weight category die within 28 days and that the heavier child has a better chance of survival. Premature babies under 3 lb. 4 ozs. (1,500 g) who survive are at risk of developing moderate to severe handicapping conditions such as mental retardation and neurological

Principal Statistics relating to Premature Births.

Premature Births (i.e. live births and stillbirths of $5\frac{1}{2}$ lb. or less at birth).

1. Number of premature live births notified (as adjusted by transferred notifications).

(*a*) In hospital	795
(*b*) At home or in a nursing home ..	44
Total	839

2. Number of premature stillbirths notified (as adjusted by transferred notifications).

(*a*) In hospital	104
(*b*) At home or in a nursing home ..	1
Total	105

Weight at birth	Premature Live Births												Premature Stillbirths	
	Born in hospital				Born at home or in a nursing home								Born:	
					Nursed entirely at home or a nursing home				Transferred to hospital on or before twenty-eighth day					
		Died				Died				Died				
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Not weighed	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2 lb. 3 oz. or less	32	23	5	—	1	1	—	—	—	—	—	—	23	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	45	13	7	1	4	3	—	—	3	—	—	1	31	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	152	11	9	—	2	—	—	—	8	—	2	—	25	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	184	7	4	1	3	—	1	—	4	—	—	1	9	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	382	2	4	1	16	—	—	—	3	—	—	—	16	—
Total	795	56	29	3	26	4	1	—	18	—	2	2	104	1

Births in an ambulance or in the street have been listed under the place to which the case was immediately transferred.

defects and this risk increases as birth weight decreases. About one-third of these children suffer handicapping conditions to some degree and for this reason the names of all children, weighing 4 lb. or less at birth are added to at risk registers.

The percentages of births which are premature are higher in the mining valleys. This higher rate is also found in other industrial areas of South Wales, the Midlands and the North of England. There is inadequate knowledge of the causes of premature birth and this limits the possibilities of prevention. It is known, however, that the health of expectant mothers has a direct bearing on the survival of the infant and this points to the need for ante-natal care of a high order. It is desirable, therefore, that expectant mothers should attend for ante-natal care at an early stage in her confinement, continue to attend regularly thereafter and take heed of the advice given her. Home help is given free of charge to expectant mothers who are advised to rest on medical grounds.

TABLE 8A

PERCENTAGE OF BIRTHS WHICH WERE PREMATURE

	Glamorgan		
	1968	1969	1970
Percentage of live births which were premature	6·7	7·9	7·0
Percentage of stillbirths which were premature	53·2	53·2	58·3

TABLE 9

NEO-NATAL MORTALITY RATES OF PREMATURE BABIES BY BIRTH WEIGHT

Weight at birth	Number of children born alive	Number of children dead under 28 days	Neo-natal mortality rate	Percentage of premature live births
2 lb. 3 oz. or less	32	29	906	4
Over 2 lb. 3 oz.—3 lb. 4 oz. ..	52	25	481	6
Over 3 lb. 4 oz.—4 lb. 6 oz. ..	162	22	136	19
Over 4 lb. 6 oz.—4 lb. 15 oz. ..	191	14	73	23
4 lb. 15 oz.—5 lb. 8 oz.	401	7	17	48
All births	839*	97	116	100

Table 10

Statistics Relating to Prematurity by Division. 1970

Division	Percentage of births which were premature			Premature live and still births which took place in hospital				No. of live premature births born at home or in a nursing home and transferred to hospital before the 28th day	
	Percentage of all notified births which were premature	Percentage of live births which were premature	Percentage of still births which were premature	Premature live births which took place in hospital		Premature still births which took place in hospital			
Aberdare and Mountain Ash	9·6	8·7	90·9	78	89·7	9	90·0	—	—
Caerphilly and Gelligaer	8·2	7·4	81·3	103	92·8	13	100·0	4	50·0
Mid-Glamorgan	7·0	6·4	50·0	126	92·6	16	100·0	3	30·0
Neath and District	8·2	7·5	70·0	69	98·6	7	100·0	1	100·0
Pontypridd and Llantrisant	9·1	8·0	68·0	104	95·4	17	100·0	4	80·0
Port Talbot and Glyncorrwg	7·4	6·6	53·3	57	98·3	8	100·0	—	—
South-East Glamorgan..	5·5	5·2	23·1	98	98·9	6	100·0	—	—
West Glamorgan	6·6	5·9	53·3	62	100·0	8	100·0	—	—
Rhondda..	9·7	8·4	66·7	98	90·1	20	100·0	6	66·6
Total	7·7	7·0	58·3	795	94·8	104	99·0	18	40·9

Congenital Malformations

The Annual Report for 1968 dealt at length with the incidence of congenital malformation and the factors which could give rise to it. Since 1964 babies observed at birth to be malformed have been notified to the Registrar General. The object of the scheme is to compile statistical information from which factors of significance will emerge in time which may lead to a reduction in the incidence of congenital malformed children. The names of these children are added to Observation Registers kept at divisional health offices so that their progress medically, educationally and socially, may be carefully watched. Children known to be suffering from a single disability may also be suffering from further handicaps and need to be detected as early as possible so that treatment is not delayed.

Modern surgical skills and improvements in the control of infection have enabled more children born with severe physical disabilities to survive. A spina bifida unit was opened at Cardiff Royal Infirmary in November, 1967 and serves an area covered by six of the nine health divisions, the remaining three divisions being served by Morriston Hospital, Swansea. Considerable research is being made into the causes of congenital malformations in South Wales particularly by Professor C. R. Lowe of the Department of Social and Occupational Medicine at the School of Medicine and Dr. K. M. Laurence of the Department of Child Health, School of Medicine.

Table 12 gives details of the number of spina bifida children born during the period 1966 to 1970, together with those who have survived.

Table 11

Number of Infants (Live and Stillborn) with Congenital Malformation Detected at Birth, by Division, 1970

Division	Total Births (live and still)	No. of infants with malformations		Rate per 1,000 total births
		Live	Still	
Aberdare and Mountain Ash ..	1.123	8	3	9·8
Caerphilly and Gelligaer	1,377	25	3	20·3
Mid-Glamorgan	2,212	5	9	6·3
Neath and District	960	15	3	18·8
Pontypridd and Llantrisant	1,302	24	5	22·3
Port Talbot and Glyncorrwg	858	27	5	37·3
South-East Glamorgan	2,068	22	6	13·5
West Glamorgan	1,050	4	—	3·8
Rhondda Borough	1,313	13	6	14·5
Total	12,263	143	40	14·9
Total for 1969	12,376	144	53	15·9

Follow Up Care of Children with Spina Bifida

It has been recognised that considerable support of the families involved is needed in the first week after birth and again when the baby is discharged from hospital following surgical treatment. Consultations have taken place with the Spina Bifida Unit, Cardiff Royal Infirmary, on the best method of achieving this. As it is advisable that this support and advice should come from one person who will form a close relationship with the family, a health visitor in each Division has been made responsible for the care of all new cases in the area in which she works. She will therefore visit a mother from her division in hospital following the transfer of the baby to the Special Care Unit.

As a result of follow up visits to the home she can provide a social and home report for the hospital and maintain close liaison with the Nursing Officers, the General Practitioner, the Practice Health Visitor and the hospital. Close liaison has been maintained between the Spina Bifida Unit and the designated health visitors who have attended the Unit on several occasions, and staff from the Unit have visited some of the Health Divisions.

So far the scheme is confined to babies resident in the East of Glamorgan who are admitted to the Cardiff Royal Infirmary.

Table 12

Spina Bifida Children Born, 1966–1970

	1966	1967	1968	1969	1970
Number of surviving children	13	18	13	21	24
Children born alive who have since died	16	14	14	11	10
Stillbirths	25	8	6	12	16
Total	54	40	33	44	50

Sale of Welfare Foods

Nursing mothers may buy fresh milk or National Dried Milk at cheap rates.

Table 13 shows clearly that sales of National Dried Milk have fallen substantially in recent years and that sales of orange juice and vitamin products have remained steady since there is no alternative commercial supply for these products. Unfortunately a number of mothers feed their babies with undiluted orange juice and sometimes in reservoir feeders and this leads to tooth decay. In future years, arrangements will be made for vitamin supplements to be provided in another form so that the teeth of young babies will not be adversely affected.

TABLE 13

SALE OF WELFARE FOODS

	Tins of National dried milk	Bottles of cod liver oil	Bottles of orange juice	Packets of vitamin A and D tablets	Value of sales of proprietary foods
					£
1966..	30,091	13,039	207,348	9,907	77,042
1967..	20,202	12,123	206,552	7,652	73,814
1968..	12,109	11,819	202,102	7,222	72,922
1969..	7,590	11,242	217,860	7,171	72,073
1970..	5,830	10,361	222,056	7,861	68,029

SCREENING FOR PHENYLKETONURIA—WOOLF TEST

Arrangements were made for babies born on or after the 1st July to have their urine tested by the Woolf technique which has advantages over the Guthrie tests. Health visitors see babies on or about the twelfth day after birth and give the mothers three strips of filter paper. The mothers are instructed to place one piece of paper in the baby's nappy avoiding contamination of faeces. When the nappy is wet the wet filter paper is removed and placed in the envelope. The other two pieces are spares in case the first one is lost or soiled or otherwise unusable. The envelopes are then collected by the health visitors and posted to the laboratory in Cardiff. The filter paper samples are stable for a week.

Where a positive result is obtained a fresh sample of urine will be collected by the health visitor in a sterile plastic bottle. The test will be repeated on the fresh specimen of urine and if abnormality is confirmed, the general practitioner and the divisional medical officer will be informed.

The paediatrician will not be told by the laboratory since it is considered that this will be the responsibility of the family doctor who will thus be involved from the very beginning in the child's clinical care and in all decisions concerning future management. This will enable the doctor to choose the paediatrician. The family doctor helped by the health visitor would also be concerned in tracing relatives of the affected child who may be carriers of the defective gene. It is hoped to build up a record linkage for children born in Wales and to trace infants with defective genes in the population. This information will be useful in the development of techniques which will permit the diagnosis of inborn errors of the foetus in utera. The advantages of the Woolf test are:—

(1) It avoids taking a blood sample from the child.

(2) It can detect any one of the 19 known types of inborn errors affecting amino-acid metabolism.

It is easier to undertake administratively since only health visitors will be involved.

The Woolf test, however, is not suitable for older children and adults and for these the Guthrie test is used.

Dental Care

I am grateful to Mr. D. R. Edwards, Chief Dental Officer for his report.

Six hundred and ninety-seven children under five years of age and 198 expectant and nursing mothers attended our dental clinics for treatment in 1970. These figures show a constant downward trend each year for treatment of the priority classes. While the reduction in demand by the expectant and nursing mother is probably the result of treatment being provided by the general dental practitioner, it is difficult to understand why the figures for the under 5 age group are still declining. The improved staffing position and the tendency for dental auxiliaries to provide treatment for the young child should eventually result in more of this important age group being introduced to dental procedures in our clinics.

Courses of treatment were completed for 92 mothers, and 405 children. The figures of 529 teeth filled and 236 teeth extracted for mothers is an improved ratio of fillings to extractions, and 64 of this group of patients were provided with dentures. 1,301 teeth were filled and 708 extracted for the under 5 age group which is an average of 2 fillings and one extraction per child.

This stresses the need for health education and dietary advice to mothers for the care of the teeth of the young child, which is constantly being given by the dental and nursing staff. It also emphasises that personal or parental care is still essential even if additional resistance to dental decay is provided by fluoridation of the public water supplies. 1,083 children were examined in this age group, and 852 were found to require treatment. This high figure results in too many young children being introduced to prolonged conservation of teeth rather than simple prophylactic measures for their first experience of dental care. An unfortunate result of this can be child management problems at subsequent visits.

The results of our survey of the 5 year age group in 1969 showed that out of every 100 children entering school in Glamorgan, only 8 had sound teeth; 92 had experienced dental decay in 6 or 7 teeth, and a quarter of this latter group had 10 or more teeth decayed. This illustrated that bad dietary habits were occurring from the age of three years, and emphasises that we must encourage far more parents to seek dental inspections for the young child and to be advised on the principles of good oral hygiene.

Table 14

Dental Services 1970

Attendances and Treatment—Children Under 5 Years of Age

Division	First visit	Subsequent visits	Total visits	Additional courses of treatment	Number of fillings	Teeth filled	Teeth Extracted	General anaesthetic given	Emergency visits by patients	Patients X-rayed	Scaling and/or removal of stains	Teeth otherwise conserved	Number of courses of treatment completed
Aberdare ..	10	21	31	—	21	21	30	7	—	—	1	—	3
Caerphilly ..	132	281	413	9	209	202	149	42	40	9	72	1	50
Mid-Glamorgan	39	76	115	1	66	40	46	9	11	—	32	7	30
Neath	61	52	113	1	83	79	99	35	54	—	—	7	32
Pontypridd ..	80	80	160	1	101	82	118	46	13	1	13	40	63
Port Talbot ..	69	39	108	1	50	47	61	27	18	—	1	—	35
South-East Glamorgan ..	81	129	210	5	345	278	26	10	21	—	35	12	66
West Glamorgan	119	152	271	2	238	234	47	18	51	—	55	11	79
Rhondda	106	293	399	14	367	318	132	54	16	2	8	8	47
Total ..	697	1,123	1,820	34	1,480	1,301	708	248	224	12	217	86	405

Table 15

Dental Services 1970

Attendances and Treatment—Expectant and Nursing Mothers

Division	First visit	Subs. visits	Total visits	Additional courses of treatment	Number of fillings	Teeth filled	Teeth extracted	General anaesthetics given	Emergency visits by patients	Patients X-rayed	Scaling and/or removal of stains	Teeth root-filled	Inlays	Crowns	Number of courses of treatment completed
Aberdare ..	11	89	100	–	53	48	13	1	1	3	–	–	3	1	3
Caerphilly ..	23	161	184	–	96	93	60	–	2	11	13	–	1	1	12
Mid-Glamorgan	15	32	47	9	24	19	19	10	8	3	8	–	–	–	8
Neath ..	13	27	40	–	45	42	14	–	7	–	5	–	–	–	6
Pontypridd ..	37	133	170	–	126	113	42	–	4	6	20	–	–	–	21
Port Talbot ..	51	79	130	–	71	65	48	13	1	2	8	–	–	–	20
South-East Glamorgan	8	27	35	1	45	41	10	–	2	–	4	3	–	–	8
West Glamorgan	28	66	94	3	55	53	20	4	13	7	44	–	1	1	10
Rhondda ..	12	45	57	1	68	55	10	–	1	2	10	–	–	–	4
Total ..	198	659	857	14	583	529	236	28	39	34	112	3	5	3	92

Table 16

Dental Services 1970

Prosthetics, Anaesthetics, Inspections and Sessions

Division	Prosthetics			Anaesthetics administered by dental officers	Inspections						Sessions	
					Children 0–4 (Incl)			Expectant/Nursing Mothers				
	Patients supplied with F.U. or F.L.	Patients supplied with other dentures	Number of dentures supplied		First inspections	Patients requiring treatment	Patients offered treatment	First inspections	Patients requiring treatment	Patients offered treatment	For treatment	For health education
Aberdare ..	—	1	1	—	23	23	23	22	22	22	18	—
Caerphilly	2	6	8	—	239	159	154	28	26	26	105	13
Mid-Glamorgan	2	6	8	—	95	91	85	18	13	12	36	—
Neath	—	—	—	—	75	62	62	8	7	7	24	—
Pontypridd ..	—	5	5	—	201	126	126	45	43	43	63	—
Port Talbot ..	4	5	14	—	80	63	60	60	58	56	39	—
South-East Glamorgan ..	—	1	1	—	94	81	81	10	8	8	59	—
West Glamorgan	3	24	27	—	136	113	111	31	31	31	36	—
Rhondda ..	2	3	5	—	140	134	128	16	16	16	123	—
Total ..	13	51	64	—	1,083	852	830	238	224	221	503	13

MIDWIFERY SERVICE

The "Peel Report"

During the year the "Peel Report," (Report of the Standing Committee on Domiciliary Midwifery and Maternity Needs) considered that a 100 per cent hospital delivery was justified as an objective, that it was almost being attained and therefore unification of the maternity services should be the ultimate goal.

The unification of the maternity service implies

(i) the employment of all midwives by a single authority.

(ii) that local authorities should no longer be responsible for ante-natal care and that responsibility for this should be placed on general practitioner/consultant obstetrician teams, supplemented, where necessary by general practitioner/midwife clinics.

(iii) that combined general practitioner/consultant maternity units should replace the isolated general practitioner maternity units. The report recognises that the financial costs of this proposal could be considerable.

The Peel Committee had been formed because the Cranbrook Report (1959) had become out of date, as far as domiciliary midwifery is concerned, and it was necessary for guide lines to be laid down so that policy decisions could be taken about future development. In one sense, the Peel Report was overtaken by events as soon as it was published, since a succession of Green Papers advocated the unification of the administration of the National Health Service.

Cranbrook had recommended that a domiciliary service should be maintained and so that it would be an effective service the percentage of domiciliary midwifery should be 30 per cent. By 1967, only 19 per cent of Glamorgan births took place at home and by 1970 this had fallen to 9 per cent. This trend is nationwide.

There are a number of reasons for this, viz:

(1) It is now being accepted by the public that the hospital is the safest place for delivery for mother and child because a full staff is readily available.

(2) In order to make the fullest use of a limited number of beds by a higher percentage of patients, the period of stay in the post natal period was curtailed so that mothers were being discharged with the babies before the tenth day, some when the baby was only two days old. This policy has enabled more beds to be used during the ante-natal period for conditions such as toxaemia.

The average stay for Glamorgan patients in hospital was six days. 68 per cent of all hospital patients were discharged before the tenth day and 10 per cent were discharged within 48 hours. The percentage of patients discharged early varies from hospital to hospital. In Caerphilly and Gelligaer and Pontypridd and Llantrisant Health Divisions at least one in five patients were discharged within 48 hours. In Mid-Glamorgan Division only 38 per cent were discharged before

the tenth day compared with 94 per cent in Neath and District and Port Talbot and Glyncorrwg Health Divisions. These three health divisions are served by the same Hospital Management Committee.

TABLE 17

HOSPITAL LIVE BIRTHS AND EARLY DISCHARGES

Division	Number of live institutional births	% of live total births	Number of Cases Discharged from Hospital in 1970 as Percentages of all Discharges from Hospitals							
			Within 48 hours	%	Between 2–5 days	%	Between 5–10 days	%	Total	%
Aberdare ..	943	94·3	25	2·7	235	24·9	456	40·4	716	75·9
Caerphilly ..	1,354	90·3	383	28·3	298	22·0	289	21·3	970	71·6
Mid-Glamorgan	1,859	87·0	40	2·2	564	30·3	101	5·4	705	37·9
Neath ..	862	92·9	34	3·9	548	63·6	230	26·7	812	94·2
Pontypridd..	1,184	86·7	242	20·4	352	29·7	117	9·9	711	60·1
Port Talbot	843	96·7	19	2·3	353	41·9	424	50·3	796	94·4
South-East Glamorgan	1,769	93·6	180	10·2	424	24·0	449	25·4	1,053	59·5
West Glamorgan	1,014	96·8	11	1·1	268	26·4	589	58·0	868	85·6
Rhondda ..	1,145	89·2	196	17·1	504	44·0	113	9·9	813	71·0
Total ..	10,973	91·3	1,130	10·3	3,546	32·3	2,768	25·2	7,444	67·8

Early discharge arrangements must be properly organised so that care is taken to ensure that the patient has suitable home conditions to which she can return and that arrangements can be made for visits by the doctor and county midwife.

The high percentage of hospital births which has been reached and the arrangements for early discharge, has resulted in a tremendous change in the type of work the county midwife has to do. The fall in the number of confinements attended by many midwives is such that there is a danger that they will lose their skills. Eighteen county midwives were in attendance at less than five confinements.

TABLE 18

DOMICILIARY MIDWIVES—CASE LOADS 1970

Division	Case Loads						
	0–4	5–9	10–19	20–29	30–39	40–59	60–79
Aberdare and Mountain Ash	2	1	2	1	–	–	–
Caerphilly and Gelligaer ..	1	1	10	–	–	–	–
Mid-Glamorgan	2	1	8	1	–	–	–
Neath and District	3	5	2	–	–	–	–
Pontypridd and Llantrisant	–	1	3	2	1	–	–
Port Talbot and Glyncorrwg	4	2	–	–	–	–	–
South-East Glamorgan ..	3	6	5	–	–	–	–
West Glamorgan	3	3	1	–	–	–	–
Rhondda	–	3	7	1	–	–	–
Administrative County ..	18	23	38	5	1	–	–

The midwives, however, spend a considerable amount of their time in attending ante-natal clinics and special ante-natal surgeries run by general practitioners and attending to the post natal care of mothers and babies discharged early from hospital.

The National Health Service will be re-organised in 1974 but if the trend towards total hospital confinement continues, it may be necessary for agreement to be made with Hospital Management Committees for them to undertake domiciliary midwifery on an agency basis for those women who insist on being confined at home.

Solving problems of demarcation often leads to other problems occurring elsewhere. Women discharged early from hospital will need supportive services. In addition to post natal care provided by the county midwife, e.g., health visiting, home help, this might be more difficult to achieve if all midwifery and maternity services were based at the hospital.

The Peel Report has also recommended that ante-natal care provided at local authority clinics should be phased out and the work undertaken by general practitioner/obstetricians.

Because of the need for liaison between the hospital and community health services, until the National Health Service is re-organised in 1974, it may be preferable to continue with the present arrangements with all their faults rather than have a hospital orientated service which is unable to deal with community care.

Table 19

Deliveries Attended by Domiciliary Midwives During 1970

Number of domiciliary confinements attended by midwives under NHS arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day
Doctor not booked		Doctor booked			
Doctor present at delivery (1)	Doctor not present at delivery (2)	Doctor present at delivery (either the booked doctor or another) (3)	Doctor not present at delivery (4)	Total (5)	(6)
6	49	40	955	1,050	7,952

Midwifery

At the end of the year there were seventy-two full-time midwives, nineteen part-time maternity nurses and eight home nurse/midwives. In equivalent whole-time terms this represented seventy-six midwives and sixteen maternity nurses.

Midwifery Service—Refresher Course

An approved refresher course for midwives was held at Aberdare Hall, Cardiff from the 5th to the 10th July. The course was attended by forty-five midwives of whom eleven were employed by the County Council, ten by the Hospital Service and twenty-four were employed by other local health authorities.

Four county midwives attended refresher courses held in Bangor and Birmingham and two nursing officers attended a course in Cardiff.

HEALTH VISITING SERVICE

Staff

At the end of the year there were 109 full-time health visitors, and eighteen part-time health visitors making a total in full-time equivalent terms of 199 health visitors. The health visitors are also engaged as school nurses.

Sixty-three clinic nurses were engaged at the end of the year. In equivalent full-time terms, they represented thirty-four nurses.

Attachment Scheme

In October, 1967 arrangements were made for health visitors to be attached to general practices and during a week in early 1971 of the health visitors on duty ninety-one full time and fifteen part time were attached and only four full time health visitors were not attached.

Of the 106 attached health visitors nine did not make a visit to the G.P. Surgery during the week, fifty did not consult their general practitioner, but only fifteen health visitors were not consulted by the doctor.

Table 20 gives details of the frequency in which health visitors assisted general practitioners during the week concerned. The strength of the attachment scheme varies from health division to health division for a variety of reasons. In some of the densely populated areas where population is being rehoused some distance away in new housing estates there is a tendency for patients to keep to the same family doctor with the result that the patients are scattered. The attached health visitors become responsible for the care of patients who live over a wide area instead of for all families living within a community. In time it is hoped that general practice will be re-organised on a more rational basis so that the family doctor will accept responsibility for the care of patients who live within a more compact area although this will not be easy to achieve as patients if possible wish to be attended by the doctor of their own choice.

Table 20

Attached Health Visitors

A Week in March 1971

	None	One	Two	Three	Four	Five	More than five
Visits to surgery by health visitors ..	9	23	24	20	15	12	3
Times health visitor consulted general practitioner	50	24	21	4	2	3	2
Times general practitioner consulted health visitor	15	28	12	15	13	5	18
Health visitors in attendance at special surgeries	78	22	6	–	–	–	–
Health visitors who had consultations with patients at surgeries ..	51	17	11	11	4	3	9

The following consultations per health visitors per day took place:—

TABLE 21

CONSULTATIONS PER 100 HEALTH VISITORS PER DAY

	Whole-time health visitor	Attached part-time	Non-attached whole-time
Occasions health visitor consulted general practitioner	24	13	7
Occasions general practitioner consulted health visitor ..	67	29	17
Number of visits to general practitioner's surgery ..	60	71	17

The allocation of the health visitors time during a week in December 1970 was as follows:—

TABLE 22

	%	%
Home visits		63·8
Attendance at clinics (including G.P. Well Baby Clinics)—		
Child Health	16·0	
Ante-natal	1·3	
Family Planning	0·5	
Cervical Cytology	0·9	
	——	18·7
Vaccination and immunisation		0·9
Dental		—
School Health Service		8·0
Health Education:		
In schools		3·0
Other (including ante-natal classes)		5·6
		——
		100·0

Table 23

Visits made by Health Visitors, 1970

Division	Children born during 1970		Children born during 1969		Other children under 5 years		Persons 65 Years or over				Mentally disordered persons			
							At request of G.P. or Hospital		Others		At request of G.P. or Hospital		Others	
	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits
Aberdare and Mountain Ash ..	988	2,622	923	2,255	1,472	2,159	423	1,069	636	1,157	19	24	17	67
Caerphilly and Gelligaer ..	1,468	4,188	1,463	4,104	2,163	4,668	299	1,374	84	680	13	44	16	63
Mid-Glamorgan ..	2,131	4,783	2,015	2,947	2,003	2,017	1,099	1,991	651	1,128	—	—	—	—
Neath and District	928	4,074	995	3,569	1,905	2,840	1,103	3,016	336	903	77	116	15	15
Pontypridd and Llantrisant ..	1,543	3,662	1,258	2,690	1,362	2,148	530	883	117	131	55	114	20	44
Port Talbot and Glyncorrwg ..	860	3,080	910	2,530	2,038	2,314	715	1,524	190	668	86	147	24	77
South-East Glamorgan ..	1,814	7,221	1,891	4,832	5,107	3,720	1,014	1,892	429	863	61	115	19	44
West Glamorgan	1,029	3,317	1,119	2,520	3,299	2,266	1,319	2,428	786	1,747	57	58	36	27
Rhondda Borough	1,294	3,184	1,626	2,478	3,792	1,875	1,787	3,943	999	1,724	—	—	—	—
Total ..	12,055	36,131	12,200	27,925	23,141	24,007	8,289	18,120	4,228	9,001	368	618	147	337

Division	Persons discharged from Hospital other than Mental Hospital				Tubereulous households		Other infectious diseases		Others	
	At request of G.P. or Hospital		Others							
	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits	First visits	Re-visits
Aberdare and Mountain Ash	26	9	5	4	274	82	180	44	598	1,185
Caerphilly and Gelligaer ..	11	62	9	37	33	74	36	96	538	1,927
Mid-Glamorgan	42	28	5	9	260	150	—	—	1,578	1,304
Neath and District ..	306	136	50	30	115	129	97	129	679	1,290
Pontypridd and Llantrisant	32	29	80	7	36	38	14	6	909	844
Port Talbot and Glyncorrwg	90	53	23	45	157	204	55	194	1,153	925
South-East Glamorgan ..	73	49	20	20	162	181	22	7	1,333	938
West Glamorgan	1,270	746	178	78	94	57	100	63	1,325	620
Rhondda Borough ..	15	22	5	5	442	198	38	1	1,881	1,165
Totals	1,865	1,134	303	235	1,573	1,193	542	540	9,994	10,198

Health Visitor/Tutor Course

Miss S. J. Poole, Health Visitor in the Caerphilly and Gelligaer Division, began a one year full-time course of study during the year at Bolton with a view to becoming qualified as a health visitor/tutor.

Refresher Courses, 1970

Aberdare Hall, Cardiff, 4th to 9th July .. Nineteen health visitors

For Fieldwork Instructors

London, 2nd to 13th March and 8th to 19th June One health visitor

London, 29th June to 10th July and 16th to 27th November One health visitor

Modern Methods in Health Education

Swansea, 31st March to 10th April .. One health visitor

Middle Management for Staff in the Health Services

Liverpool, 6th April to 1st May Three health visitors

Health Visiting—The Next Decade

Bristol, 29th March to 2nd April Two health visitors

One Year Health Visitors Tutors Course

Bolton, Commenced September, 1970 .. One health visitor

Training

Seven student health visitors commenced their training at the Welsh National School of Medicine.

HOME NURSING SERVICE

Attachment

Health visitors were attached to general practice in the Autumn of 1967 but no decision was then made concerning home nurses. In 1965 a home nurse and health visitor were attached as an experiment with a group practice in Pontyclun and later home nurses were attached to other practices in the Pontypridd and Llantrisant Division and some of these nurses undertook minor surgery work and injections at the surgery premises. The Health Services and Public Health Act 1968 made it possible for the Authority to secure the attendance of nurses for persons who require nursing elsewhere than in their own homes.

At the end of the year district nurses (home) were attached to general practice in the following health divisions:—

Pontypridd and Llantrisant
Mid-Glamorgan
Neath and District

In the other health divisions district nurses worked within a defined district carrying out treatment under the direction of general practitioners who got in touch with them direct by handing a note to the patient to be forwarded to the nurse. Where nurses are attached they tend to deal with fewer practices.

Table 24

District Nursing Services—Cases and Visits

Cases

Year	Total cases	65 and over		Under 5	
		No.	%	No.	%
1970 ..	16,409	9,589	58·4	234	1·4
1969 ..	15,340	7,191	46·9	267	1·7
1968 ..	15,859	6,739	42·5	259	1·6
1967 ..	15,045	6,688	44·5	353	2·3
1966 ..	14,892	5,717	39·5	302	2·1

Visits

Year	Visits Total	65 and Over		Under 5	
		No.	%	No.	%
1970 ..	569,829	399,657	70·1	2,432	0·4
1969 ..	568,396	398,812	70·2	2,990	0·5
1968 ..	547,190	378,181	69·1	3,477	0·6
1967 ..	535,457	357,842	66·8	3,524	0·7
1966 ..	533,863	346,779	65·0	3,776	0·7

Following a study made in January 1971 of the 128 full time nurses (not relief nurses) forty-three were attached to practices and eighty-five were not. It will be seen from the table that only one of the attached nurses dealt with five practices but thirty-six of the eight-five non attached nurses dealt with five practices or more, ten with as many as seven practices and three nurses dealt with as many as nine practices.

There is little doubt that the attachment scheme of health visitors would be enhanced if home nurses were also attached so that general practitioners would be provided with a strong community health team. This should lead to the quality of patient care being improved by making more effective use of medical and nursing skills. The family doctor would tend to deal with fewer home nurses, and would know whether they were over or under worked.

For attachment schemes to succeed there should be an adequate preparation both for general practitioners and the staff and arrangements towards this end were being actively pursued at the end of the year.

Early Discharge of Patients from Hospital and Arrangements for After Care

In January 1970 the Welsh Hospital Board addressed a circular to hospital management committees on the role of home nurses in relation to the earlier discharge of patients from hospital. For many symptoms and diseases which require treatment patients may be required to wait some weeks before being admitted to hospital since the rate of admission is governed by the availability of hospital beds. Hospitals would be able to deal with more patients if the length of stay in hospital could be shortened and if needed treatment continued at home or at out patient departments.

In a further circular in November 1970 the Board suggested that general practitioners, medical officers of health and hospital authorities should discuss the various aspects and meetings were arranged. The outcome of these discussions were reviewed in November and steps taken to inform general practitioners of the following arrangements made for assistance in home care for patients discharged early. Revised arrangements concerning hospital staffs were made in respect of five health divisions. These were as follows:—

Aberdare and Mountain Ash Division

Arrangements were made for district nurses to attend out patient departments in order that they may become involved more with hospital techniques.

Mid-Glamorgan Division

The category of patients considered for earlier discharge agreed with hospital service. District nurses will remove sutures thus avoiding patients having to return to hospital.

Port Talbot and Glyncorrwg, Neath and District Divisions

In selected cases district nurses will continue dressings and removing sutures thus lessening demand on ambulance and out patient department service. Ward sisters may spend a session or two observing district nurses at work.

Pontypridd and Llantrisant Division

This division has reviewed its communication arrangements since earlier arrangements resulted in information being received about a patient discharged four or five days after the event. Under the revised procedure the general practitioner is told beforehand of the patient's discharge and since district nurses are attached to practices he in turn asks the nurse to provide treatment. By the same procedure the home help service is alerted and the attached health visitor is able to assess all other social/medical needs.

The following divisions continued with previous arrangements.

Caerphilly and Gelligaer Division

The local hospital medical advisory committee considered that all the specialties they were operating made full use of early discharge and were being well supported by the local authorities and family doctor services. Hospitals were provided with addresses and telephone numbers of district nurses. It was considered that clean surgical cases discharged earlier required virtually no nursing care, but infected wounds would require the attention of nurses.

Rhondda Borough Division

Notification of patient's discharge was sent to the M.O.H. who notified the district nurse and health visitor. Selected health visitors visited Rhondda hospitals as liaison officers and forwarded information on to responsible health visitors.

South East Glamorgan Division

Hospitals contact district nurses direct. Group adviser (home nursing) visits geriatric hospitals. Group adviser (health visiting) visits paediatric departments of hospitals.

West Glamorgan Division

Health visitors visit hospitals weekly concerning discharge of patients and home help organiser visits hospital, medical (social) worker.

At a review made of these arrangements in November it became apparent that well thought out early discharge schemes depended on district nurses being attached to general practice as general practitioners are also closely involved in providing the continuing care of the patient. Communication between hospital and the community health services must be swift. The general practitioner and the district nurse must know about the patient before he has been discharged and the attachment of the nurse to a practice which receives the discharge note usually ensures this.

Hospital nursing techniques have changed considerably during the past decade and home nurses should be aware of them. In urban areas it is possible for the nurse to call at the hospital to discuss the nursing techniques required for a patient being discharged. The extent of after care arrangements for a patient discharged from hospital depends upon the condition and needs of the patient. It is considered that the divisional community nursing arrangements would be adequate to deal with any additional demands.

Staff—District Nurses

At the end of the year 123 full-time district nurses were employed and fifty-three part-time nurses making a total complement in whole-time terms of 148 nurses.

Refresher Courses

A combined refresher course for health visitors and district nurses was held at Aberdare Hall, Cardiff from the 13th to the 17th July. Nineteen County district nurses attended as well as nine nurses employed by other authorities. A nursing officer attended a management course held in Maidstone.

District Nurse Training

During the year ten district nurses underwent district nurse training and all gained the national certificate in district training.

TABLE 25.

SUMMARY OF THE HOME NURSES' WORK IN DIVISIONS DURING 1970 AND A COMPARISON MADE WITH STATISTICS FOR 1969.

Health Division	Persons aged 65 or over		Children under 5 years of age		Total cases	No. of visits made		Visits included in columns 6 and 7 who were:				Average No. of Cases attended by each Home Nurse	Average No. of Visits made by each Home Nurse
	Cases	%	Cases	%		Medical or surgical	Tuber-culous	65 years or over	Per-centage of total visits	Under 5 years	Per-centage of total visits		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
Aberdare and Mountain Ash	889	63·6	29	2·1	1,398	68,062	584	50,491	73·6	381	0·6	127·1	2,746
Caerphilly and Gelligaer ..	822	45·3	36	2·0	1,813	64,087	499	42,494	65·8	308	0·5	129·5	4,613
Mid-Glamorgan	1,249	60·4	22	1·1	2,068	77,019	278	56,621	73·3	319	0·4	114·8	4,294
Neath and District ..	1,015	55·7	31	1·7	1,822	55,080	876	36,129	64·7	291	0·5	130·6	4,304
Pontypridd and Llantrisant	948	55·8	31	1·8	1,698	51,824	7	37,109	71·6	415	0·8	113·2	2,728
Port Talbot and Glyncorrwg	660	56·7	16	1·4	1,163	38,695	592	27,398	69·7	181	0·5	96·9	2,183
South-East Glamorgan ..	1,477	74·0	8	0·4	1,996	73,312	234	57,082	77·6	184	0·3	110·9	2,536
West Glamorgan	1,390	55·7	44	1·8	2,496	68,553	451	45,476	65·9	215	0·3	138·7	2,654
Rhondda Borough ..	1,139	58·3	17	0·9	1,955	69,444	232	46,857	67·2	138	0·2	108·6	3,871
Totals, 1970 ..	9,589	58·4	234	1·4	16,409	566,076	3,753	399,657	70·1	2,432	0·4	119·8	3,166
1969	7,191	46·9	259	1·7	15,340	563,684	4,712	398,812	70·2	2,990	0·5	99·0	3,667

VACCINATION AND IMMUNISATION

Considerable strides in the science of immunology during recent years has made it possible to give protection against a wide range of infectious diseases. For each disease every endeavour is made to provide a procedure that will afford the maximum degree of immunity at the age when the risk of exposure is at its greatest, to the timing and spacing of injections that will involve the least risk of harmful reaction and complications and that will avoid an excessive number of injections.

The subject of immunology is complex and expert opinion is given by the Medical Research Council on aspects of immunisation and by the Standing Medical Advisory Committee of the Department of Health and Social Security on matters of public policy before the Authority makes arrangements for offering vaccination. When the National Health Service Act came into force in 1948, the Authority's arrangements provided only for vaccination against smallpox and immunisation against diphtheria and for immunisation against whooping cough in the Rhondda and Gelligaer, although authority was given to the County Medical Officer to extend immunisation against whooping cough to the rest of the County after deciding the antigens to be used. In the first instance B.C.G. vaccination against tuberculosis was introduced in 1950 so that Chest Physicians could vaccinate contacts of patients suffering from tuberculosis and in 1953 the Ministry authorised the extension of the scheme for the vaccination of thirteen-year-old children. Details of the B.C.G. vaccination scheme are given in Tables 41 and 42.

For the convenience of parents increasing use is now being made of combined vaccination, i.e., the triple antigen which provides protection against diphtheria, whooping cough and tetanus which can be administered at the same time along with oral poliomyelitis vaccination thus giving simultaneous protection against four diseases and reducing the number of innoculations.

The success of vaccination has its disadvantages in that the public become complacent and some people will only seek protection for themselves and their children when there is an outbreak of the disease in their midst. The more rare a disease becomes the greater the degree of apathy.

About 32 per cent of children born in 1968 had not completed the course of vaccination against whooping cough, diphtheria and poliomyelitis by 31st December, 1970. Only 23 per cent of children born in 1967 had been vaccinated against measles by the end of 1970.

During the year 1971 a decision was made to computerise child health department records and preparations were being made for a computerised system to be introduced in early 1972. It is hoped that this will eventually lead to at least 90 per cent of the children being immunised.

Table 26

Number Vaccinated and Immunised in 1970

Health Division	Smallpox Vaccination		Diphtheria Immunisation		Whooping Cough immunisation	Poliomyelitis Vaccination		Measles Vaccination	Rubella
	Number vaccinated	Number re-vaccinated	Number immunised	Number given booster injection		Number who received primary course	Number who received reinforcing dose	Primary vaccination	
Aberdare and Mountain Ash ..	216	10	681	1,023	676	635	883	413	256
Caerphilly and Gelligaer	297	83	1,117	1,054	1,068	1,156	992	624	186
Mid-Glamorgan ..	393	63	1,190	1,299	1,098	1,376	1,317	902	252
Neath and District	252	39	690	1,014	652	578	1,056	409	219
Pontypridd and Llantrisant ..	165	138	995	1,356	940	1,065	1,535	271	123
Port Talbot and Glyncorrwg ..	196	42	642	868	614	708	1,258	302	58
South-East Glamorgan ..	493	216	1,363	1,837	1,273	1,484	1,501	546	121
West Glamorgan ..	258	77	875	765	851	952	718	482	—
Rhondda Borough	38	142	750	768	721	850	866	268	114
Totals ..	2,308	810	8,303	9,984	7,893	8,804	10,126	4,217	1,329

Table 27

Children Born in 1967 Vaccinated by 31st December, 1970

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,014	751	74·1	751	74·1	774	76·3	224	22·1
Caerphilly and Gelligaer ..	1,557	1,161	74·6	1,176	75·5	1,270	81·6	351	22·5
Mid-Glamorgan	2,040	1,631	80·0	1,649	80·8	1,688	82·7	979	48·0
Neath and District	1,003	845	84·2	848	84·5	739	73·7	186	18·5
Pontypridd and Llantrisant	1,308	1,028	78·6	1,051	80·4	1,081	82·6	190	14·5
Port Talbot and Glyncorrwg	1,025	729	71·1	746	72·8	712	69·5	198	19·3
South-East Glamorgan ..	1,948	1,496	76·8	1,561	80·1	1,553	79·7	305	15·7
West Glamorgan	1,028	901	87·6	907	88·2	1,008	98·1	273	26·6
Rhondda	1,426	953	66·8	962	67·5	752	52·7	96	6·7
Totals	12,349	9,495	76·9	9,651	78·2	9,687	78·4	2,802	22·7

Table 28

Children Born in 1968 Vaccinated by 31st December 1970

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,032	645	62·5	645	62·5	636	61·6	243	23·5
Caerphilly and Gelligaer ..	1,520	1,013	66·6	1,035	68·1	1,115	73·4	267	17·6
Mid-Glamorgan	2,039	1,402	68·8	1,409	69·1	1,300	63·8	492	24·1
Neath and District	1,010	757	74·9	758	75·0	696	68·9	158	15·6
Pontypridd and Llantrisant	1,366	923	67·6	966	70·7	1,021	74·7	110	8·1
Port Talbot and Glyncorrwg	963	567	58·9	578	60·0	585	60·7	154	16·0
South-East Glamorgan ..	1,838	1,327	72·2	1,370	74·5	1,354	73·7	251	13·7
West Glamorgan	1,080	875	81·0	880	81·5	868	80·4	212	19·6
Rhondda	1,335	664	49·7	671	50·3	667	50·0	36	2·7
Total	12,183	8,173	67·0	8,312	68·2	8,242	67·6	1,923	15·7

Table 29

Children Born in 1969 Vaccinated by 31st December, 1970

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,030	476	46·2	476	46·2	438	42·5	175	17·0
Caerphilly and Gelligaer ..	1,543	807	52·3	818	53·0	842	54·6	251	16·3
Mid-Glamorgan	2,068	827	40·0	838	40·5	971	46·9	340	16·4
Neath and District	1,008	497	49·3	498	49·4	310	30·8	105	10·4
Pontypridd and Llantrisant	1,355	696	51·4	706	52·1	739	54·5	86	6·3
Port Talbot and Glyncorrwg	919	460	50·1	460	50·1	478	52·0	115	12·5
South-East Glamorgan ..	1,879	1,018	54·2	1,076	57·3	1,142	60·8	203	10·8
West Glamorgan	1,029	896	87·1	902	87·7	711	69·1	151	14·7
Rhondda	1,347	508	37·7	508	37·7	507	37·6	13	1·0
Totals	12,178	6,185	50·8	6,282	51·6	6,138	50·4	1,439	11·8

Table 30

Children Vaccinated against Smallpox, 1969 and 1970

BY DIVISIONAL AREA

Division	Live Births 1969	No. vaccinated under 2	Live births 1970	No. vaccinated under 2	% 1969	% 1970
Aberdare and Mountain Ash	1,030	43	1,000	28	4·2	2·8
Caerphilly and Gelligaer ..	1,543	106	1,500	153	6·9	10·2
Mid-Glamorgan	2,068	68	2,136	90	3·3	4·2
Neath and District	1,008	49	928	88	4·9	9·5
Pontypridd and Llantrisant	1,355	56	1,365	64	4·1	4·7
Port Talbot and Glyncorrwg	919	38	872	106	4·1	12·2
South-East Glamorgan ..	1,879	153	1,889	211	8·1	11·2
West Glamorgan	1,029	246	1,048	121	23·9	11·5
Rhondda	1,347	15	1,284	18	1·1	1·4
Total	12,178	774	12,022	1,158	6·4	9·6

Protection Against Rubella

During the autumn, vaccination against rubella was offered to schoolgirls aged between eleven and thirteen years before they reached child bearing age with a view to eliminating in future congenital deformities to babies resulting from complications in pregnancies associated with rubella. Short talks were given in schools by health visitors on the need for vaccination and the response from parents concerned giving their consent to this course was satisfactory.

Dr. A. D. Evans, the Consultant Virologist, suggested that arrangements being made for schoolgirls could well lead to requests from adult women to be similarly protected particularly women who are at special risk such as nurses and school teachers. The vaccination is contra-indicated if there is a possibility of a woman becoming pregnant within two months and should this happen, termination of the pregnancy must generally be recommended.

Fortunately about nine in ten adult women are immune to the rubella virus and would not be at risk if exposed to infection. Susceptibility of a woman of child bearing age to infection can be ascertained by a blood test.

Family doctors were informed of the procedure to be adopted should they wish to screen expectant mothers attending their ante-natal surgeries for antibodies so that they may be vaccinated shortly after their confinement. Arrangements were also made for nurses and women teachers of child bearing age that they be screened for antibodies should they so wish.

SECTION 27—COUNTY AMBULANCE SERVICE

The proposals for the re-organisation of the hospital service in the greater Cardiff area were published in November, 1969 and discussions on these continued throughout 1970. The hospital services in the Caerphilly and Barry areas will be affected.

The rationalisation of hospital and casualty services in most instances involves patients travelling greater distances to hospital and this results in a delay in the availability of ambulances for further cases. Furthermore, it is our experience that the proportion of patients requiring ambulance transport, or for whom ambulance transport is requisitioned, increases with the distance of the hospital from the community served and also with the number of changes of 'buses required in travelling to the hospital by public transport.

However the plans for the rationalisation of the hospital services in the Cardiff area are modified, it is inevitable that greater demands will be made on the ambulance service and that vehicles will need to travel longer distances out of their areas.

It would appear that the proposals to close the Llwynypia Casualty Unit are unlikely to become effective for some time.

Demands on the Service

During 1970, 394,985 patients were conveyed by ambulance, which actually showed a slight reduction of 0·61 per cent over the number conveyed during the previous year. This is, no doubt, but a slight halt in the upward trend of the demands being made on the Service.

Again the percentage of emergency cases was small, being only 6·7 per cent of the total cases conveyed. This highlights the possible need for an emergency service as distinct from a transport service. The possibility of a two tier service has been debated over a long period. The Sub-Committee on the Accident and Emergency Service* considered this question in 1962 and came to the conclusion that with the existing organisation the balance was in favour of improving training and equipment throughout the ambulance service rather than the establishment of a separate accident and ambulance service.

Of course, the demands for transport continue to increase while the emergency cases remain relatively constant and without great care meeting this increase could be at the expense of the emergency service and although the ambulance control staff endeavour to have a vehicle in hand, or readily available at all times for emergency cases, this becomes more and more difficult due to the heavy case load conveyed. The economics of operating a two tier service would of course, have to be considered because the ambulances and their crews in a separate emergency service would perforce be standing idle much of the time.

* Report of the Sub-Committee on Accident and Emergency Services of the Standing Medical Advisory Committee of the Central Health Services Council 1962, paragraphs 98 to 100.

Table 31

Number of Patients Conveyed by the County Ambulance Service

Year	Total number of patients conveyed by ambulance	Emergency cases conveyed	
		Number	Percentage of total
1952 ..	262,533	24,031	9·2
1953 ..	284,305	24,743	8·6
1954 ..	286,847	25,011	8·7
1955 ..	283,622	27,094	9·6
1956 ..	287,299	24,085	8·4
1957 ..	286,476	25,552	8·9
1958 ..	304,389	27,570	9·1
1959 ..	317,342	27,226	8·6
1960 ..	338,952	22,685	6·7
1961 ..	347,823	20,033	5·8
1962 ..	341,743	20,511	6·0
1963 ..	344,383	23,264	6·8
1964 ..	366,469	23,943	6·5
1965 ..	365,574	23,133	6·5
1966 ..	366,125	23,159	6·3
1967 ..	384,627	24,036	6·3
1968 ..	387,085	24,720	6·4
1969 ..	397,393	26,877	6·7
1970 ..	394,985	26,678	6·7

Table 32

Summary of Work Done by Control Areas, 1969–70

	1969		1970	
	Patients	Mileage	Patients	Mileage
Totals for Western Control Area ..	116,630	775,283	111,883	763,812
Totals for Eastern Control Area ..	280,763	1,330,072	283,102	1,384,182
Totals for County ..	397,393	2,105,355	394,985	2,147,994

Table 33

Conveyance of Patients by British Rail, 1961–70

Year	Recumbent	Sitting up	Total
1961 ..	31	171	202
1962 ..	27	158	185
1963 ..	26	155	181
1964 ..	38	192	230
1965 ..	22	208	230
1966 ..	35	174	209
1967 ..	22	158	180
1968 ..	31	173	204
1969 ..	14	135	149
1970 ..	9	147	156

The use of open compartments and other rolling stock unsuitable for stretchers has made it difficult to arrange transport of patients to distant hospitals. While in past years it has been possible to arrange for a large number of recumbent patients by train the numbers have been gradually decreasing and in 1970 only nine such patients were conveyed by train. It is now becoming necessary for patients to be conveyed by road, which of course, places another burden on the Service.

Travel by train, especially where the exclusive use of a compartment is required, is becoming very expensive and it was actually cheaper to send one patient to Scotland by air.

National Health Service (Amendment) Act 1957

Section 44 of the above Act empowers local health authorities to make their ambulances available for use, on repayment, for the conveyance of persons suffering from illness in curcumstances in which authorities have not already the duty to do so under Section 27 of the National Health Service Act 1946.

During 1970 ambulances were in attendance at twelve horse, motor car or motor cycle race meetings representing an income of £213. Ambulance Service Vehicles continued to be made available to the National Coal Board for the conveyance of injured mine workers and during 1970, 1,165 injured mineworkers were conveyed a distance of 13,513 miles.

Personnel

In October, 1970 the Manual workers staged strikes in various parts of the country in support of their claim for an increase in wages and these had their effects in the Glamorgan Ambulance Service as it did in Ambulance Services throughout the country.

Ambulance Service Training School

The school was opened in Civil Defence Control premises on 20th October, 1969 and provides courses of two weeks duration for ambulancemen with between two to five years' service and those over five years and proficiency courses of six weeks duration for new entrants.

The lectures at the school are given by three full time instructors assisted by a number of visiting lecturers who are specialists in their own field.

While the training school is administered by the Glamorgan County Council, it has received full support from all the local health authorities in South and West Wales who have sent their students to the school for training. This training has been enthusiastically received by long serving members of the Service as well as new recruits.

Table 34

Ambulance Service Training School Courses Held During 1970

	Six weeks' proficiency	Two weeks' 2–5 year men	Two weeks' over 5 years
No. of courses	4	2	3
No. of students:			
Glamorgan	37	24	30
Other Authorities ..	26	21	21

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

One of the most difficult problems in the health service is how to persuade people to avoid ill health. Everyone prefers to remain healthy but most people are reluctant to take any positive steps with this end in view.

Since sound healthy habits are best formed in childhood one of the most effective means of health education is the advice given by health visitors to nursing mothers on how to rear their children and also to children at school. Of equal importance is the manner in which the mothers care for themselves when pregnant since healthy mothers are more likely to bear healthy children. In the past health measures were focused on the eradication of infectious diseases and these are now controlled. Our present concern is with the chronic diseases and mental illness. These illnesses cause long periods of invalidism and misery not only to the individual but also to his family. Many of these diseases such as bronchitis, coronary thrombosis and lung cancer can be avoided. People should use their leisure properly, take plenty of exercise, take care in personal cleanliness and beware of over-eating, over-smoking and over-drinking of alcoholic beverages.

However, it is not a question of merely informing people about health measures. If this were so the task of a health department would be simple indeed. It is essential that the behaviour of people should be changed. There must be education of a kind which leads to a change in attitudes and a change in behaviour. Most of these diseases tend to attack people when they are past the age of forty-five years and the middle-aged group is the one which health departments have greatest difficulty in reaching. Many of the ills of modern society can be prevented if people were more active physically.

In August 1970 Mr. J. Luker was appointed Health Education Officer and it is proposed that eventually there should be an assistant health education officer in each health division. At present a designated health visitor or group adviser has special responsibilities for health education in each division but following the adoption of the Mayston Report on management in the nursing services it is proposed that group advisers should become first line managers (health visiting) and this will make it more difficult for them to undertake health education themselves, but health visitors however will continue to be the main force in carrying out a health education programme not only in giving guidance to individual parents but also in giving formal talks and leading group discussions to a varied audience ranging from schoolchildren to old age pensioners.

TABLE 35

STAFF GIVING HEALTH EDUCATION TALKS

	General programme		School programme		Total	
	1970	1969	1970	1969	1970	1969
Medical officers	15	16	49	69	64	85
Health visitors	2,859	3,046	3,311	4,224	6,170	7,270
Midwives	—	11	—	—	—	11
Dental auxiliaries	—	7	327	467	327	474
Nurses	14	—	209	—	223	—
Administrative staff ..	—	4	—	45	—	49
Dentists	—	—	10	96	10	96
Nursing officers	67	51	61	79	128	130
Chiropodists	—	—	1	—	1	—
Totals	2,955	3,135	3,968	4,980	6,923	8,115

ANTE-NATAL CLASSES

The greater proportion of the time of health visitors in the general programme is spent at ante-natal and mothercraft classes. Of the 2,955 talks given, 2,200 were given at these classes. 354 courses were arranged and they were attended by 2,565 mothers who made 11,815 attendances. Fourteen evening sessions were held in the Mid-Glamorgan Division for husbands and wives which were attended by 202 persons. In some health divisions these courses are well developed, but on the whole less than a third of first baby mothers appear to attend these classes, probably because many are working.

DRUG ABUSE

A liaison committee on drug abuse has been set up in the County and held its inaugural meeting on 8th May, 1970. Membership consists of representatives of the professional staff of the Health, Children's and Education Departments, the National Health Service, the police, probation service and magistrate's clerks. Dr. C. J. Revington, my deputy, is Chairman and the Vice-Chairman is Mr. T. K. Griffiths, Assistant Chief Constable (Crime).

The aim of the committee will be to assist in eradicating illegal drug taking and drug dependence among young people and others and with this end in view the committee will

(i) review the extent of drug abuse in the County;

(ii) consider the action which should be taken to counter it;

(iii) transmit information and guidance to the professional bodies and agencies concerned;

(iv) bring appropriate pressure to bear on individuals who may unwittingly have contributed to drug abuse in others.

In the County generally some drug abuse stems from the drugs prescribed by general practitioners being taken by persons other than those for whom they are intended. Children have been known to take drugs belonging to their parents and prescriptions have been altered so that the numbers of tablets originally prescribed have been increased and the excess number shared with or sold to others. The taking of drugs by children is probably more widespread than we know at the moment and children tend to experiment with a variety of tablets whether they be of an addictive nature or not.

General practitioners were informed in my monthly newsletter that much drug abuse would be minimised if general practitioners agreed to take these elementary precautions:

(i) take care that prescription pads are not stolen;

(ii) do not leave prescriptions in a box in the porch of surgeries;

(iii) since prescriptions can be easily forged, where drugs are prescribed write in full the number of tablets as well as giving the information in figures;

(iv) do not prescribe large amounts of drugs since these can be taken by older children in the household unknown to parents. Where repeat prescriptions for adults are required it is often advisable to review the need for further medicaments.

The liaison committee considered that drug abuse among young people should be looked upon as a school medical problem and the rôle of the school medical officer in dealing with illegal drug taking could be likened to his rôle in dealing with an outbreak of food poisoning. A head teacher who suspects a school child to be under the influence of drugs should inform the divisional medical officer who will then make the necessary enquiries. The duties of the divisional medical officer would be to see whether the children concerned need medical attention and to prevent the spread of abuse by tracking the source of the drugs. The attitude of the police is enlightened. They do not want to know of an incident at school unless the source of the supply can be traced.

Proposals to deal with the eradication and containment of drug abuse requires careful planning. Those who take drugs are often emotionally disturbed and social casework may be required with the families concerned. One thing is clear—illegal drug taking is an evil menace and must be contained quickly. Patients referred to the Drug Addiction Unit at Whitchurch Hospital are usually in a late stage of drug dependency when the prognosis is poor.

In addition to illegal drug taking of Mandrax and similar drugs by young people, there has been an increase in the availability of L.S.D. (Lysergic Acid Diathylamide). During 1970 the Drug Squad at Cardiff arrested some American citizens who were importing L.S.D. into Cardiff in exchange for a substantial quantity of cannabis with the intention of smuggling it out of the country.

The liaison committee also recommended that a "don't hoard drugs" campaign should be held throughout the geographical County during the Spring of 1971. The aim of this campaign is that the members of the public during a particular fortnight should return unwanted medicines and drugs to their local chemist so that these could be collected by the police and destroyed.

Fluoridation of Water Supplies

Mid-Glamorgan

In April 1969 the County Health Committee asked the Mid-Glamorgan Water Board to install at the Schwyll Pumping Station a treatment plant for the fluoridation of water supply in the Mid-Glamorgan area. Unfortunately the capital works programme of the Board was such that the plant could not be installed during 1969 or 1970 but it is hoped that this will be done before the end of 1971.

North-East Glamorgan

In October 1970 discussions took place with officers of the Taf Fechan Water Board, the County Medical Officer of Monmouthshire and the Medical Officer of Merthyr Tydfil, concerning the fluoridation of water from the Pontsticill Reservoir which supplies approximately 14 million gallons of water per day to Merthyr Tydfil, North-East Glamorgan and Monmouthshire districts bordering Glamorgan. The reservoir supplies water to the following areas:

	Proportion of daily output consumed
Merthyr Tydfil	19 per cent.
Bedwas and Machen and Bedwellty, Mon. ..	7 per cent.
Rhondda, Caerphilly, Gelligaer, Pontypridd, Llantrisant, Cardiff Rural	74 per cent.
Cardiff bulk supply piped to Barry	

The Pontsticill Reservoir is not the only source of water for these areas, the other sources being the Neuadd Reservoir, a few miles north of Pontsticill and small local reservoirs. The Pontsticill Reservoir supplies at least half of the Board's output. It is not practicable to fluoridate the smaller reservoirs, some of which would become redundant. The Neuadd Reservoir, however, would lend itself to fluoridation when the filter beds have been renewed, particularly since the Neuadd and Pontsticill together meet the total requirements of Merthyr Tydfil County Borough, and Caerphilly and Gelligaer districts. Unfortunately the Neuadd supplies the Vaynor and Penderyn districts of Breconshire and Breconshire County Council have rescinded a previous decision to fluoridate water supplies.

The Neuadd Reservoir supplies the elevated areas of Merthyr Tydfil, Aberdare, Caerphilly and Gelligaer, whereas the Pontsticill Reservoir supplies the low lying areas.

On the 31st January 1971, the Taf Fechan Water Board agreed to the principle of fluoridation and it is hoped that plant will be installed before the end of the financial year 1971/72.

West Glamorgan

Since Swansea City Council rescinded a previous decision to fluoridate water supplies, it was not possible to proceed with a scheme to treat water supplied from the vast Towy scheme which will serve a population of approximately 350,000 people in the western half of the County and Swansea.

South-East Glamorgan

Cardiff City Council is also opposed to fluoridation. This has frustrated plans for the introduction of treated water supplies at Penarth, Taffs Well and the major proportion of Cardiff Rural which is not supplied by the Taf Fechan Water Board. The Cardiff Water Undertaking is also responsible for supplying Barry and receives a bulk supply from Pontsticill Reservoir, which is then mixed with Cardiff water. In 1969 two-thirds of the supply to Barry came from Pontsticill but because of the difficulties at the Lluest-Wen Dam, Maerdy much of this water has been diverted to Pontypridd and Rhondda and Barry now receives only one-third Pontsticill water. The long-term trend will be for Barry to be supplied exclusively from Cardiff reservoirs and this will enable the mining areas to receive a higher proportion of Pontsticill water.

THE RHONDDA DAM EMERGENCY

On Monday, 12th January 1970, the Taf Fechan Water Board were informed by their consulting engineers that the level of the Lluest Wen reservoir should be lowered immediately for inspection and for remedial works to be done. The Board called on the Fire Service to help them lower the level by ten feet. Late that evening a conference was convened at Maerdy Police Station by the Secretary of State. The conference was attended by the Chief Constable, chief officers of the County Council and Borough Council and the Water Board and senior civil servants. The Secretary of State endeavoured to find out the extent of the danger and the action that would need to be taken if the dam should collapse. Since no guarantee could be given that the dam was safe a state of emergency was declared at about 2 a.m. on Tuesday morning and a main control centre was set up at Teifi House, a recreation centre for old people at Maerdy. Inhabitants of twenty low-lying streets in the Rhondda Fach valley below Maerdy were awoken by the police and the elderly were offered safer accommodation. Ambulances and police cars were used to convey the evacuees, and mental health and nursing staff together with welfare workers of Rhondda Health and Welfare Department helped the handicapped and the sick. Maerdy Colliery, two miles below the dam, was evacuated and 200 men on the night shift were sent home.

During the night conference when the emergency was declared the hospital services were not represented since it was considered that a flood disaster would require welfare and evacuation services only. On the following day hospital officers attended planning meetings and the consultant orthopaedic and traumatic surgeon at East Glamorgan Hospital was appointed incident medical officer. Dr. R. B. Morley-Davies, the Medical Officer of Health for Rhondda, was made responsible for providing health and welfare services in the borough and Dr. D. W. Foster, Divisional Medical Officer for Pontypridd and Llantrisant health

division, and Mr. Ivor Jenkins, the County Welfare Officer became responsible for health and welfare respectively, in the Pontypridd area. As County Medical Officer I had responsibility for the ambulance service and in ensuring that supporting services provided in the two areas were adequate.

The Maerdy Dam is situated 1,350 feet above sea level in a remote and marshy area at the head of the Rhondda Fach. The reservoir has a capacity of 240 million gallons and had the dam burst it was estimated that the level of the river in the upper part of the valley would have risen by twenty feet and would have been preceded by a giant wave. Flooding would have occurred as far as the village of Nantgarw, six miles north of Cardiff and more than twenty miles from the reservoir. At least 6,000 people would have had to be evacuated and if they had been taken unawares the toll of life could have been considerable. The first problem to be faced was the need of immediate care of the sick, aged and infirm who had been given temporary accommodation during the first night of the emergency. It was agreed that they would be admitted to hospital in the neighbouring Rhondda Fawr on the understanding that if the dam broke they would be accommodated in rest centres, thereby releasing the beds for casualties.

The welfare emergency scheme in the Rhondda Fach was re-cast since some of the emergency premises would be in the path of the flood since the scheme did not envisage a catastrophe on such a wide scale. The following plan was devised:

(1) It was believed that the dam would hold for two to four hours after the first trickle of water had broken through. In this event the Maerdy Control, which would be in the path of the flood, would be switched to Pontypridd.

(2) East Glamorgan Hospital at Church Village would become the main operations control centre for the hospital services only and would deal with all major casualties. Llwynypia Hospital situated in the Rhondda Fawr would act as a casualty clearing station.

(3) First aid posts would be established at nine centres in the Rhondda and at seven centres in the Pontypridd area. No first aid post or rest centre would be established in Trehafod bordering Rhondda and Pontypridd since this village would not have escaped the flood. In the Rhondda Fach three of the first aid posts were situated in villages on the left side of the valley and since there was no access to any hospital, evacuation would have been undertaken by helicopters. Two of the Pontypridd first aid posts were also situated on the left bank of the river but casualties from there could be directed up the Taff valley to hospitals in Aberdare and Merthyr Tydfil.

(4) Nineteen halls and schools were designated as reception centres in the Rhondda for the inhabitants of streets that would be flooded and eight halls were designated as reception centres in the Pontypridd area.

Each first aid post would be staffed by two general practitioners, four home nurses, four St. John Ambulance men and one health visitor

as liaison officer. The first aid post would have been provided with radio links, use being made of the Forestry Commission's communications system.

(5) The reception centres in Rhondda would be staffed by a health visitor, welfare officer or public health inspector and a large staff of volunteer assistants from the Women's Royal Voluntary Service and the Salvation Army.

(6) The ambulance control centre at Hawthorn, Pontypridd would have been in the path of the flood and in the event of the dam breaking the vehicles would have proceeded to East Glamorgan Hospital and the wireless communication centre at Hawthorn would have been transferred to the County Health Department at Greyfriars, Cardiff. The large ambulance station at Trealaw in the Rhondda Fawr would remain fully operational as it would not be affected by the flood.

(7) Contingency plans were made to bring in reserves of health visitors and nurses from other health divisions.

The emergency which continued until Sunday the 25th January proved to be a valuable exercise in preparing plans to cope with a disaster on a large scale.

Although senior officers engaged in preparing plans were extremely busy and welfare workers and nurses worked unstintingly throughout some nights, special thanks are due to the firemen, police, soldiers and workmen who worked at the reservoir in atrocious weather conditions.

Problem Families

Since 1959 a Co-ordinating Committee has met on alternate months in each health division and in the Rhondda. Members of the Committees include senior officers of the Children's Department (now incorporated in the Social Services Department), nursing officers, the health visitors concerned and representatives of the statutory and voluntary agencies. The Committees usually meet under the chairmanship of the Divisional Medical Officer with the Children's Officer acting as convener. The purpose of the Committee is to co-ordinate the use of the statutory and voluntary services with a view to preventing the neglect or ill-treatment of children in their own homes. The main problem in the County is child neglect and deliberate ill-treatment is rarely encountered.

The Co-ordinating Committees have tended to be formal committees reviewing the progress of individual officers. It has been found that work is more effectively co-ordinated when case conferences are convened with field workers responsible for advising the problem families.

Renal Dialysis at Home

Adaptation of homes—artificial kidney machines

During the year two adaptations of homes were undertaken in the County and five persons were provided with a mobile caravan unit so that equipment supplied through the hospital service for intermittent home dialysis could be installed. The hospital service is responsible for the cost of a dialyser, water

softener, telephone, the dialysing fluids and all materials and medicaments used. The cost of the hospital equipment supplied to each patient is about £2,500 with expensive running costs.

Pioneer work has been undertaken at the Cardiff Royal Infirmary by Dr. J. Henry Jones and Mr. D. L. Crosby concerning an integrated regional haemodialysis and renal transplantation centre. During the first year of their work when fifty-six patients with chronic renal failure were accepted for treatment, twenty-five had a cadaveric renal transplant, eighteen were still receiving maintenance dialysis in the ten bedded hospital unit and seven were established on home dialysis. The overall survival rate was 66 per cent. The annual demand of patients with chronic renal failure suitable for treatment is estimated to be about ninety patients for Wales, but neither renal transplantation nor home dialysis could cope with this demand, particularly since the number of patients requiring second and third transplants would increase. The only logical approach to this problem, therefore, is for an integrated hospital dialysis/home dialysis/transplantation service with free movement from one form of treatment to another as necessary. In order to achieve a continuous turnover in the hospital unit every attempt must be made to avoid accepting patients who are not suitable for either home dialysis or renal transplantations.

With the rapid progress in kidney transplantation, home dialysis is likely to have a short-term supportive rôle only in the future. For this reason the adaptation of a home where the patient would require the service for a short period only is expensive since after a short period the patient is likely to have a transplant operation. For this reason the Authority is providing mobile caravans fitted with electrical and plumbing services so that should a patient undergo a successful transplant operation, the caravan can be moved to the home of another patient requiring a kidney machine.

Venereal Disease

The incidence of venereal disease in Glamorgan is lower than that for England and Wales. This should not lead to complacency with regard to this problem as during 1970 there was an increase of cases seen at the clinics, particularly gonorrhoea which jumped from 135 to 197 cases. Arrangements have been made with venerealogists to seek the aid of nursing officers in tracing contacts, but these occasions are rare.

Table 36

Venereal Diseases

Persons in the Administrative County attending for Treatment for the First Time at Centres which include Cardiff and Swansea and other Areas

Disease	1966	1967	1968	1969	1970
Syphilis	25	26	38	16	20
Gonorrhoea	87	133	208	135	197
Total	112	159	246	151	217
Other conditions	754	721	831	1,105	1,157
Total all conditions	866	880	1,077	1,256	1,374

Table 37

Cervical Cytology Service 1970

Division	Number tested		Number of negative results		Number referred for further investigation				Of cases referred for further investigation number found to have Cancer of the Cervix	
					(*a*) Consultant		(*b*) Gen. Practitioner			
	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35
Aberdare and Mountain Ash	597	594	597	594	—	—	121	76	—	—
Caerphilly and Gelligaer ..	284	646	284	644	—	1	—	1	—	—
Mid-Glamorgan	825	676	813	673	2	1	10	2	6	1
Neath and District ..	442	522	411	488	47	20	16	4	2	2
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	186	235	185	235	—	—	2	—	—	—
South-East Glamorgan ..	362	413	362	413	2	9	11	4	1	—
West Glamorgan	667	717	662	717	5	3	104	68	3	—
Rhondda Borough ..	175	176	29	102	—	—	146	74	1	—
Total	3,538	3,979	3,343	3,866	56	34	410	229	13	3
Total, 1969	3,604	3,652	3,476	3,590	44	25	262	129	18	3

Cervical Cytology

The Cervical Cytology Service was available in all health divisions except Pontypridd and Llantrisant.

7,517 patients were screened during 1970 compared with 7,256 in the previous year. Sixteen patients were found to have positive smears.

Tuberculosis

Considerable advances have been made since the Second World War in the control of this disease. In 1948 when the National Health Service Act came into force there were 399 deaths in the County attributable to respiratory tuberculosis and in 1970 this had been reduced to 39. In recent years however the decline has slowed down and this indicates that efforts cannot be relaxed in dealing with this disease.

In 1969, 119 notifications of respiratory tuberculosis were received but in 1970 the number of notifications had increased to 141. This represents a rate of 12 notifications per 100,000 population for 1969 and 19 notifications per 100,000 population in 1970. Areas with high notification rates were:

Table 38

Area	*Notification rate per* 100,000 *population*
Porthcawl U.D.	51 (7 cases)
Maesteg U.D.	42 (9 cases)
Llantrisant and Llantwit Fardre R.D.	38 (13 cases)
Rhondda M.B.	30 (28 cases)

The thirty-nine deaths represent a death rate of 5·2 per 100,000 population compared with 5·4 in 1969. Areas where there were high death rates were:

Table 39

Area	*Death rate per* 100,000 *population*
Mountain Ash U.D.	14 (4 deaths)
Rhondda M.B.	11 (10 deaths)
Llantrisant and Llantwit Fardre R.D.	9 (3 deaths)
Penybont R.D.	6 (3 deaths)

The pattern of the disease has changed however. In 1948, 59 per cent. of the persons who died from respiratory tuberculosis were aged between 15 and 45 years, whereas in 1970 only one person (2 per cent.) died within this age group. Deaths from tuberculosis now affects in the main the middle-aged and elderly persons who are less likely to benefit from treatment. It is important that young children should be protected from infection and it is regrettable that for the second successive year, because of shortage of medical staff, the Rhondda Delegate Health Authority were unable to vaccinate schoolchildren against tuberculosis.

TABLE 40

TUBERCULOSIS DEATHS, 1970

Age range	Males	Females	Total
0–14 ..	—	—	—
15–24 ..	—	1	1
25–34 ..	—	—	—
35–44 ..	—	—	—
45–64 ..	11	3	14
65+ ..	21	3	24
All ages ..	32	7	39

B.C.G. VACCINATION

Children aged 13 years and over are offered protection against tuberculosis by B.C.G. vaccination and details of the number of children so protected are given in Table 41. It is regretted that because of the shortage of medical officers in the Rhondda Borough, B.C.G. vaccination of children could not be undertaken for the second successive year. In the Pontypridd and Llantrisant Health Division 34·1 per cent of the children showed positive reaction to the Mantoux test. The Pontypridd Chest Clinic, however, had vaccinated shortly after birth a high proportion of babies so that this positive reaction was due to a previous B.C.G. vaccination. If one excludes figures for the Pontypridd and Llantrisant Health Division of the schoolchildren skin-tested in the County 10·8 per cent. were found to be positive which indicates that this is the percentage of children who had been individually infected by the tubercular bacillus by the age of 14.

Table 46 indicates the number of persons vaccinated by Chest Physicians, the person so vaccinated had been exposed to infection and 55·7 per cent. were found to be positive, that is had been naturally infected by the bacillus.

Table 41

B.C.G. Vaccination Scheme for Vaccinating Schoolchildren

Division	School children and students scheme			
	Number skin tested	Number found positive	Number found negative	Number vaccinated
Aberdare and Mountain Ash	597	63	534	534
Caerphilly and Gelligaer	799	31	768	768
Mid-Glamorgan	1,612	217	1,395	1,395
Neath and District	717	116	589	585
Pontypridd and Llantrisant	1,217	416	693	689
Port Talbot and Glyncorrwg	719	147	572	566
South-East Glamorgan	1,668	102	1,445	1,503*
West Glamorgan	298	20	278	266
Rhondda Borough	—	—	—	—
Totals	7,627	1,112	6,274	6,306
Totals, 1969	6,469	994	5,397	5,509

* Includes a number of persons graded Positive 1, and subsequently vaccinated.

Table 42

B.C.G. Vaccination Scheme for Vaccinating Contacts

Chest Physician	Number skin tested	Number found positive	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea)	39	26	13	13
Dr. P. O. Lloyd (Neath and Port Talbot)	123	60	63	67
Dr. A. G. Chappell (Bridgend)	238	57	174	224
Dr. L. Erin (Merthyr and Aberdare)	296	178	108	86
Dr. J. Y. Williams (Pontypridd and Rhondda)	1,067	730	337	435*
Dr. N. C. Norman (Caerphilly)	101	9	81	66
Dr. H. M. Foreman (Cardiff)	418	184	234	387*
Divisional Medical Officers	374	232	142	69†
Totals	2,646	1,476	1,152	1,347
Totals, 1969	2,350	675	1,483	1,425

*Includes number of new-born babies. † Several failed to turn up for vaccination.

Care of the Aged

Arrangements for the care of the aged were dealt with at length in the Annual Report for 1969.

It is estimated that there were 94,000 persons in the County in 1970 who were aged 65 and over and Table 43 indicates the services provided for the elderly.

Community care services for the elderly will only become effective if they are properly co-ordinated and planned. Health visitors visit the elderly who are at risk of failing health and co-ordinate domiciliary services for them at field level. The aim is to help old people retain their independence for as long as possible and this they are able to do if they are prevented from becoming housebound and encouraged to be active. The new Social Services Department together with district councils, will have responsibility for the welfare of elderly people and it would be necessary for the Health Department to work in close touch with the Social Services Department if the services we provide for old people are to be effective.

Table 43

Name of Service	No. of aged patients provided with service		Percentage of aged population	
	1970	1969	1970	1969
			94,000 aged	92,500 aged
Health Visiting ..	12,517	12,422	13·3	13·4
Home Nursing ..	9,589	7,191	10·2	7·8
Chiropody	15,795	14,675	16·8	15·9
Home Help	7,010* *householders estimate 8,400 persons	6,821* *householders estimate 8,200 persons	8·9	8·9

Chiropody Service

A review of the chiropody service was made early in the year because of the difficulty experienced in recruiting staff to cope with the increasing number of old people who require treatment.

The effectiveness of this service can be gauged by the length of the interval between treatments. The ideal interval is eight weeks but the average interval in the County in December 1970 was thirteen weeks and in two areas was as high as nineteen weeks. It followed, therefore, that for a substantial period of time patients were enduring pain and discomfort while waiting for their next appointment. Every attempt, however, was made for diabetic patients to be seen at six weekly intervals.

The average interval between treatments since 1965 has been as follows:

TABLE 44

Year	*Number of patients treated*	*Number of chiropodists (whole-time equivalent)*	*Interval between treatments (weeks)*
1965 ..	9,188	13·6	11·9
1966 ..	11,314	16·6	12·5
1967 ..	12,942	16·8	14·2
1968 ..	14,352	15·9	16·5
1969 ..	15,371	20·2	14·9
1970 ..	16,665	18·0	12·9

In December 1970 there were vacancies for six posts. The revised Ten Year Plan provided for a substantial increase in staff after 1972 to forty chiropodists by 1977, and provision was made in the estimates for 24·5 chiropodists in 1970.

In order to cope with the annual increase in the number of patients with the co-operation of the chiropodists, a slight increase was made in the number of patients seen per session as it was found that valuable treatment time was wasted by missed appointments. Steps were also taken to increase the level of recruitment.

Patients Treated at Home

One third of the patients were treated at home because they are housebound or because they live in isolated communities which lack a suitable bus service to the nearest clinic. Forty per cent. of the chiropodists' time was spent in visiting homes but only five homes can be visted in a session.

The purpose of the chiropody service is helping old people to become mobile and independent and this is not achieved if chiropodists visit the homes of old people who are not housebound. Divisional medical officers were asked to review the list of patients receiving a home service.

Recruitment

One of the main obstacles to recruitment was the limited number of trained chiropodists and representations were made to the Welsh Office suggesting that the Chiropody Training School at Llandaff should be enlarged to receive more students or that a second training school should be established. It was the view of the Welsh Office that even if more training places were provided it would be an open question whether students would come forward to fill them.

Discussions took place with the Principal of the Llandaff Chiropody School who indicated that it would be possible to increase the number of students to his school to 25 or 28 a year, but he was having difficulty in recruiting students with the right academic qualifications which included 'O' levels in a number of science subjects. The Principal stated that the main deterrent to recruitment was the low salary scale offered and the ruling whereby persons appointed to a post of senior chiropodist without the requisite three year experience after training had their salaries abated. That is they are appointed to a salary which is below the minimum scale point.

With the exception of the chief chiropodist all the Authority's chiropodists were designated senior chiropodists because they were single-handed and had no day-to-day supervision.

The Health Committee and Establishment Committee considered this problem and it was decided,

(i) to disregard the principle of abatement for senior chiropodists who are appointed to the Authority's service;

(ii) to sponsor students at the Llandaff School of Chiropody;

(iii) to designate a new post of area chiropodist in each health division.

It was also agreed that chiropodists should be permitted to do evening work to deal with domiciliary cases thus enabling more clinic sessions to be undertaken during the day.

It is hoped that as a result of a national award for chiropodists the abolition of the principle of abatement in the County as from January 1971 and the appointment of area chiropodists in that year will bring about an improvement in recruitment. The measures taken in 1970 to increase the case load of chiropodists has meant that the interval between treatments has been reduced to 13 weeks.

TABLE 45

CHIROPODY SERVICE

NUMBER OF PERSONS TREATED DURING YEAR ENDING 31ST DECEMBER, 1970

Persons aged 65 and over	15,795
Expectant mothers	17
Others (women 60–65 + handicapped)	853
	16,665

Treatment given during the year were:—

In clinics	31,297
In patients' homes	16,044
In old people's homes	376
	47,717

TABLE 46

CHIROPODY WORK UNDERTAKEN BY DIVISIONS

Division	No. of patients treated	No. of treatments given
Aberdare and Mountain Ash ..	1,569	5,097
Caerphilly and Gelligaer	1,731	4,613
Mid-Glamorgan	2,349	3,916
Neath and District	1,677	5,296
Pontypridd and Llantrisant ..	1,326	4,158
Port Talbot and Glyncorrwg ..	1,224	5,031
South-East Glamorgan	2,682	6,515
West Glamorgan	1,627	5,437
Rhondda	2,480	6,654
Total	16,665	47,717

PROSTHETICS

A Prosthetic Pilot Scheme for chiropody patients was introduced in the Mid-Glamorgan Health Division and a special clinic is held on one day a month. Appliances of different types are made for patients suffering from various defects:—

Insoles.
Removable Metatarsal Pads.
Toe-Pads.
Removable Hallux Valgus Covers.
Latex Digital Covers etc.

These aids give comfort to a patient over a long period and make it unnecessary for him to return to the chiropodist at frequent intervals. In the light of experience gained with the pilot scheme it is hoped to provide additional centres in other areas of the County.

EQUIPMENT

The County chiropody service is now ten years old and every effort is made so that our chiropody clinics are provided with good equipment in order that patients may receive the best form of treatment. Furthermore, poor working conditions deter recruitment.

Some of our older clinics are not ideally suited for chiropody work but special chiropody surgeries are being planned at the new health centres.

Chiropody Staff

At the end of the year there was one Chief Chiropodist, thirteen full-time chiropodists and eighteen sessional chiropodists. In equivalent whole-time terms, this amounted to 20·5 chiropodists.

Night Sitter-in Service

This service attends to the needs of the critically ill patients in the terminal stages of illness so that relief may be given to the relatives who care for the patients at other times.

Medical Comforts

Medical comforts have been issued by the Authority free of charge since 1950. Previously medical aids were provided by the St. John's Ambulance Depots. A wide range of nursing aids are provided including lifting hoists for paraplegics and other severely disabled persons and folding wheelchairs are in popular demand during the summer months. Absorbent pads are issued on a substantial scale to incontinent bed patients so that it has become unnecessary for the Authority to provide a laundry service. The Authority also provide absorbent linings for the pants of spina bifida children who are incontinent and to other handicapped persons.

Provision of Convalescence

The Authority provide convalescent treatment at "The Rest," Porthcawl and reserved 281 bed weeks during the year, all of which were taken up. Most patients sponsored by the Authority are elderly and need a change of air to brace them for the winter months and a week's convalescent holiday is normally provided. Most district councils under their powers to provide recreation for old people are sponsoring attendance of elderly people at "The Rest".

Co-operation with General Practitioners

Co-operation between the Authority and general practitioners is close. It is fully recognised that the community health services should be integrated so that they meet fully the needs of individual patients. This co-operation is brought about by two main approaches:

(i) the provision of health centres for doctors who require them and the hiring of clinics for surgery purposes.

(ii) attaching health visitors to practices and providing doctors with the service of nursing staffs and mental health officers so that more effective medical care may be given to patients at home.

General practitioners who wish to work from health centres participate in all meetings concerned with project planning so that the building is designed to meet their wishes. They, therefore, regard the health centre as belonging to them as well as belonging to the community. Any barriers which may have existed in the minds of family doctors in relation to the local authority, are, therefore quickly broken down and agreement is readily achieved concerning the common use by general practitioners of the local authority medical suite should the practice expand or vice versa.

Health centres allow for the integration of the community health services and there would be no point in providing them unless this integration follows. Care is taken to prevent the duplication of services, e.g., in the field of infant and maternity care. General practitioners are invited to refer patients to the local authority medical officer for family planning and children who are at risk of handicapping conditions for special developmental tests. General practitioners are free to use the audiometry room of the school health service to test their own patients. Health visitors are attached to general practice and they in turn have responsibilities for integrating a community nursing team at field level. Home nurses work under the direction of family doctors and in many heatlh divisions they are attached to practices. Midwives attend general practice antenatal surgeries.

A newsletter is sent to general practitioners each month and deals with matters which concern the community health services. The newsletter is also sent to medical officers of health in the geographical County and hospital consultants. Its circulation now exceeds 1,000 copies a month.

Co-operation with general practitioners is very close, thus indicating that integration of the community health services can take place without the need for unifying the different branches of the National Health Service. Co-operation is based on trust and is a personal matter. Obviously the degree of co-operation between doctors and ourselves varies from area to area but as soon as they come to value the assistance we can give them, the initiative for further co-operation is likely to spring from them.

Co-operation with the Hospital Service

Co-operation with the hospital service is not yet as close as it is with the general practitioner service. This is to be expected since the local authority service and general practitioners are part of the community health service and it is therefore possible to integrate the medical and nursing services in the patient's home.

Co-operation with the hospital services concerning maternity, paediatric, mental health, chest and geriatric services has always been good. Liaison committees at hospital group level deal with maternity, geriatric and mental health services and at hospital board level there is a liaison committee with medical officers of health, and I also attend Hospital Board Advisory Committees as a representative of the Welsh medical officers of health. County midwives liaise directly with maternity hospital staff concerning early discharges, senior mental health officers attend out-patient clinics of psychiatrists and nursing officers or designated health visitors liaise with geriatricians. Paediatricians send copies of their medical reports addressed to family doctors to divisional medical officers and close liaison with chest physicians is of long standing.

With the importance placed on the development of community care, it is desirable that the local health authority should be consulted early in the planning stages of hospital provision. In early 1970 representatives of the County Health Committee discussed with the Chairman of the Hospital Board and his officers

the Authority's views concerning the re-organisation of hospital services in the greater Cardiff area and most of these suggestions have since been accepted by the Board and the Secretary of State.

Co-operation with Voluntary Bodies

It is impossible for the Authority's Health and Social Services to meet all needs and the activities of voluntary bodies in supplementing the range of the Authority's services cannot be measured adequately.

Organised voluntary work is usually a middle-class activity and the County is mainly an industrial area where the proportion of middle-class in the population is low. Fortunately the mining valleys and other industrial areas have a long tradition of warmhearted neighbourliness and there is a considerable amount of informal voluntary work undertaken by neighbours and others. The organised voluntary bodies have a great desire to be of assistance but unless they have strong roots in the areas concerned they do not appear to have the numbers of helpers to assist in those activities where their help would be most useful, for example helping old people to get ready so that they may attend day hospitals, etc.

It would be impossible to list all the voluntary bodies who do such remarkably good work. An organisation with strong roots in the mining and other communities is the Order of St. John of Jerusalem who have a long tradition of training members of the public in first aid and of rendering assistance to the injured. Other organisations who have been of considerable assistance are the Women's Royal Voluntary Service and the Red Cross Society whose members have acted as escorts to children attending residential schools for the handicapped, as helpers at clinics and in selling welfare foods at isolated sales centres. The Moral Welfare Associations of the Church in Wales help considerably with the welfare of unmarried mothers and the Jane Hodge Holiday Home and "The Rest", Porthcawl provide holidays for severely handicapped children and the elderly chronic sick respectively. The Maes-yr-Haf Settlement, Trealaw and local groups provide day care facilities for socially deprived children and local branches of the Spastics Society and the National Society for the Mentally Handicapped run day centres for the care of socially deprived and handicapped children. The Glamorgan Old Peoples Welfare Committee have done stirring work for the care of the aged in the County.

The local branches of the Family Planning Association provide a family planning service of a high standard, and the Marie Curie Memorial Foundation has given substantial grants to provide day and night nursing service to those who suffer from cancer and also extra nursing comforts and nourishment.

Without the aid of these and similar organisations, the quality of care given to many people in need would have been adversely affected.

HOME HELP SERVICE

At the end of the year there was an equivalent in whole-time terms of 535·5 home helps together with provision for eleven whole-time home helps for sick relief making a total of 546·5.

The number of home helps per 100,000 population was 73 compared with 69.4 the previous year.

8,289 householders were assisted (8,012 the previous year). For the first time for many years the percentage increase in home help strength from one year to the next was greater than the percentage increase in the number of householders—a 5·7 per cent. increase in the home help establishment compared with a 3·5 per cent. increase in cases assisted.

Eighty-five per cent of the householders were aged 65 years and over and only 1·3 per cent of householders were maternity cases. Most of the elderly are provided with the services of a home help for only one session a week in order to assist mainly with heavy cleaning, leaving the householders with light cleaning such as dusting. There is a danger in over-providing a domestic service for householders who are not severely incapacitated since this destroys the incentive to retain their independence. The most severely incapacitated need help more frequently and during the four quarters of 1970 the following received help for five days or more a week:

TABLE 47

HOME HELP SERVICE—1970

During a week in :	Households visited at least five days a week by Home Helps		Households receiving daily care from Special Home Helps
	Maternity	Aged and Sick	Aged and Sick
March	2	246	25
June	1	204	20
September ..	2	198	12
December ..	—	215	16

The greater majority of householders receive help for three hours a week if they live in houses without modern amenities and two hours a week when they live in modern homes and flats. The average number of hours help given to householders is higher than this because it takes into consideration the minority

who require help on a considerable scale. The following table gives the weekly average number of hours help provided during the year:

TABLE 48

WEEKLY AVERAGE NUMBER OF HOURS HELP PROVIDED

	Aged, chronic sick, and T.B. cases			Totals of all cases		
	Number of cases	Total hours of service provided	Average hours per week per case	Number of cases	Total hours of service provided	Average hours per week per case
A week in March	5,183	19,418	3·7	5,357	20,167	3·8
A week in June	4,989	18,847	3·8	5,120	19,395	3·7
A week in Sept.	4,884	17,853	3·7	5,036	18,471	3·7
A week in Dec. . .	5,624	20,828	3·7	5,792	21,467	3·7

SPECIAL HELP SERVICE

A much smaller number of householders are so helpless that they need almost constant care. To meet their needs the Authority have provided a special help service in which a neighbour is prepared to be responsible for a householder throughout the day and for seven days a week. The special helps are willing to work flexible hours popping in early in the morning to help the patients get up and later in the evening to help them settle down for the night, and in between calling to give meals, do light housework and do the shopping. Often the husbands of special helps are prepared to cut coal and sticks. The sums paid to the special helps are modest, usually between £2 and £4 per week which is less than would be paid for comparable work by the home help service.

The special helps are in fact paid good neighbours. Responsibility and work involved is far above that that one would normally expect of a good neighbour and without this service it would be necessary to remove the householder to hospital. The service has not developed as quickly as one would hope because of difficulty experienced in urban areas in recruiting special home helps because of other opportunities for employment. Often in these urban areas the severely incapacitated are helped daily by the conventional home help service with supplementary work done voluntarily by neighbours.

TABLE 49

HOUSEHOLDERS PROVIDED WITH A HOME HELP SERVICE, 1970

		Home help to households for persons aged under 65 on first visit during the year				
	Aged 65 or over on first visit during the year	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	Total
Number of cases	7,010	854	12	107	306	8,289

TABLE 50

TYPE OF CASES WHERE HOME HELP WAS PROVIDED, 1970

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	804	109	—	2	13	928
Caerphilly and Gelligaer ..	756	75	—	10	—	841
Mid-Glamorgan	1,046	153	1	6	42	1,248
Neath and District	543	56	—	13	35	647
Pontypridd and Llantrisant ..	611	36	3	10	42	702
Port Talbot and Glyncorrwg ..	725	59	2	2	9	797
South-East Glamorgan	915	107	1	51	79	1,153
West Glamorgan	563	70	2	11	64	710
Rhondda Borough	1,047	189	3	2	22	1,263
Totals	7,010	854	12	107	306	8,289

Whole fee charged 543 cases—6·6 per cent.

Part fee charged 905 cases—10·9 per cent.

Training of Home Helps

In November/December a pilot training course for home helps was held at Cwmbedd Clinic, Briton Ferry. The home helps who attended had been invited to evaluate the course and share the views of the organisers that it had been a considerable success and that they had derived considerable benefit from it. The lecturers were mainly members of the health department who had first hand practical experience in their subject so that their talks had a freshness and variety.

The course consisted of eight half day sessions spread over a four week period. The course was provided for sixteen home helps and it was considered that this should not exceed twenty.

Arrangements will be made during the year 1971 for each health division to hold two courses a year. This should mean that a home help will be eligible to attend courses every fifth year.

Home helps are now concerned more and more with the personal care of the householder in addition to the cleanliness of the home and they must have knowledge of simple nursing care, and how to prepare a nutritious meal. Above all else they must be able to boost morale and give simple advice and good cheer.

The most severely incapacitated who are housebound may look upon the home help as a friend on whom they can unburden problems. These householders also look forward to listening about the home helps own family events, such as the marriage of a daughter. No other member of the medical and social services knows patients as intimately as home helps and they play a vital rôle in keeping up the spirit of these householders. They also serve as an intelligence system, alerting the divisional medical officer to signs of failing health among recipients of the service.

The development of early discharge from hospitals will mean that more people with degenerative diseases will be nursed at home and this will make greater calls on the home help service. The transfer of the service to the Social Services Department is likely to mean that there will be a greater development in assisting inadequate families, with the home helps being engaged in teaching mothers of problem families in housecraft.

The training of home helps will enable them to meet these new challenges.

I am grateful to Mrs. N. O. Parry, the County Home Help Organiser for the following report.

In training home helps to adapt themselves to the newer skills related to long-term care it must not be assumed that basic duties are being ignored. Cleaning homes is still a day-to-day necessity and the twin problems of dirt and disorder continue to arise from time to time. We have reason to be grateful to those few dedicated helps—they are found in every division—who rise to the occasion and tackle incredibly difficult and unsavoury tasks when confronted with neglected homes. In such cases the occupant has usually been living in appalling domestic circumstances over a long period of time and has come to the notice of the

department only when a medical crisis or mental breakdown occurs. Stench, vast amounts of rubbish and long-standing dirt are the common factors, often intensified by neglected plumbing and lack of cleaning requisites. Following the implementation this year of the "Dirty Homes" bonus of £2.10 per case, we are now able to reward those of our helps who undertake these very unpleasant tasks. It says much for the character and humanity of these helps to report that many of these once neglected homes remain clean and habitable with the minimum of help, as soon as the giant spring clean has been effected.

The former "drop-out" heartened by the friendship shown by the home help once more takes interest in the home. The Organiser, observing the new curtains and fresh bed cover marks up another victory and realises afresh how much we owe to the humblest of workers in the social field.

MENTAL HEALTH SERVICE

Administration

(*a*) The Authority's powers and duties under the Mental Health Act, 1959 are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. Dr. C. J. Revington, my Deputy, handles many of the problems that arise in the day-to-day administration of this branch of the Department's work.

Most of the examinations of mentally subnormal patients referred by the Education Committee, or various other agencies, were undertaken on behalf of the Local Health Authority by the Senior Medical Officer, Dr. J. P. J. Clarke.

(*b*) Junior Training Centres with places for 615 pupils and special care units with places for 35 children have been set up. The work of these centres is organised by Miss H. B. Brown, Organiser for Junior Training Centres. The names of the supervisors of the centres are as follows:

Junior Training Centres	*Supervisor*
Aberaman	Miss M. E. Matthews
Aberkenfig	Miss M. K. Ford
Barry	Miss B. A. Jenkins
Briton Ferry	Miss M. E. Grey
Penllergaer	Mrs. D. Overton
Talbot Green	Miss D. Garland
Trealaw	Mr. D. T. James
Ystrad Mynach	Miss D. M. John

Special Care Units have been established at Aberkenfig and Trealaw.

(*c*) The hostels for children attending junior training centres at Aberkenfig and Barry continued to provide temporary homes for children who were conveyed to the hostels on Monday mornings and from the hostels on Friday evenings.

Adult subnormal persons considered capable of holding down a job resided at the hostels at Maesglas, Bridgend for girls and Pontypridd for boys.

The names of the Wardens at these hostels are as follows:

Hostel	*Warden*
Aberkenfig	Mrs. M. Corless
Barry	Mrs. M. M. May
"Maesglas", Bridgend	Mrs. G. Lambert
Pontypridd	Mr. K. J. Johnson

(*d*) *Senior Health Welfare Officers.* During the year, three senior health welfare officers were appointed thus completing the appointments of leaders of teams of health welfare officers working to psychiatric units or hospital catchment areas.

(*e*) *Health Welfare Officers.* Of the Thirty-one health welfare officers in post at the 31st December, 1970, nineteen hold certificates in Social Work, two will complete a course in July 1971 and two will complete a course in July 1972. Four trainees are also attending a C.S.W. Course.

Admission of Subnormal Patients to Hospital

This was another difficult year as far as the admission of patients to hospital for the mentally subnormal was concerned. During the year, some patients were were admitted to hospital but there remained a continued need for admission of patients who could be categorised into the following groups:

(i) the severely physically and mentally handicapped child who has been given a chance to progress in the local authority's care;

(ii) the severely disturbed or disturbing child or adult who placed a severe strain on the staffs at training centres or hostels and who is not suitable for containment in the community;

(iii) the adult who shows anti-social behaviour resulting very often in Court appearances;

(iv) the subnormal or severely subnormal patient who is in need of nursing care and attention.

Table 51

Number of Subnormal Patients Admitted Since 1961 to Hospitals

	Under Order	On an informal basis	As places of safety	For short-term stay
1961	1	35	—	67
1962	7	46	—	86
1963	2	39	—	92
1964	2	36	—	101
1965	2	21	—	108
1966	2	23	—	109
1967	5	37	—	118
1968	14	16	—	112
1969	4	10	—	63
1970	2	13	—	83

Difficult situations at homes where subnormal patients are cared for have been eased by the provision of short-term care. This year hospitals were able to admit 83 patients under short-term care arrangements compared with 63 patients in 1969. The number of patients admitted to the Authority's Hostels for short periods increased from 110 in 1969 to 115 in 1970.

TABLE 52

SHORT-TERM CARE

Hospital	No. of patients	No. of weeks short-term care
Llanybyther	6	32
Talgarth	2	10
Ely	55	172
Griffithstown	15	38
Llanfrechfa Grange ..	4	12
Broughton	1	4
Totals	83	268

At the end of the year there was a waiting list of patients classified as follows:

(*a*) Patients urgently requiring admission 23

(*b*) Patients who would not be prepared to accept admission at present but who, it is anticipated will require admission in the future 134

Since the revision of the hospital catchment areas for subnormal patients which was introduced in 1967, the policy accepted by consultants in Subnormality and the Advisory Sub-Committee in Mental Health is that each consultant is responsible for the admission of patients living within the catchment area of his own hospital and when in difficulty, he should seek the help of his colleagues.

Throughout the year, there were many crises when the only solution appeared to be the removal of the patient from the home. The hostels attached to Junior Training Centres and the hostels for working boys and girls have accommodated patients, who, under normal circumstances, would not be considered for these establishments and this has thrown a great burden on the staff.

TABLE 53

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1961–70

Year	Mental Health Act, 1959								Informally		Total admissions arranged
	Section 25		Section 26		Section 29		Other Sections				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1961 ..	12	14	5	11	188	235	–	–	163	235	863
1962 ..	9	12	8	7	146	190	1	–	131	182	686
1963 ..	19	26	2	18	132	178	3	–	107	136	621
1964 ..	8	25	11	4	109	189	–	–	166	167	649
1965 ..	5	8	8	12	173	175	2	–	183	236	802
1966 ..	9	28	2	5	148	209	6	–	195	292	894
1967 ..	20	32	6	7	146	183	3	2	212	283	894
1968 ..	16	22	7	7	127	212	–	–	176	172	730
1969 ..	24	56	10	10	129	140	–	–	159	255	783
1970 ..	34	70	8	18	174	175	1	–	174	223	867

Table 54

Number of Persons Referred to Local Health Authority, 1965–70

Mentally Ill

Referred by	1970				1965				1966				1967				1968				1969			
	Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
General practitioners ..	–	2	247	355	–	1	67	124	–	–	75	169	1	1	128	221	–	2	116	209	–	3	274	462
Hospitals, on discharge from in-patient treatment ..	–	2	368	552	2	5	227	367	–	–	303	311	5	3	237	348	–	–	233	330	4	4	257	368
Hospitals, after or during out-patient or day treatment ..	–	–	162	279	–	2	92	179	–	–	92	208	–	–	79	103	1	2	79	139	1	4	89	169
Local education authorities ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Police and courts	–	–	14	19	2	1	10	14	–	–	5	11	–	–	7	15	1	–	11	3	–	–	18	21
Other sources	4	7	113	194	–	–	39	61	–	–	52	111	1	–	73	100	–	–	62	51	1	2	93	145
Totals	4	11	904	1399	4	9	435	745	–	–	527	810	7	4	524	787	2	4	501	732	6	13	731	1,165

Consultants at out-patient clinics for subnormal patients have helped parents and mental welfare officers cope with the more difficult patients being cared for in the community.

During the year these clinics were held as follows:—

Hospital	*Consultant*
St. David's, Cardiff ..	Dr. B. P. Griffin/Dr. R. Gregg
Bridgend General ..	Dr. D. C. Jones
East Glamorgan ..	Dr. D. C. Jones

I would like to record my appreciation of the co-operation and understanding shown by the Physician Superintendents of the subnormality hospitals who have assisted to the greatest possible extent in spite of the difficult situations at their hospitals. It will be noted that twenty-eight patients were admitted for periods of short-term care to hospitals outside the catchment area and fifty-five to Ely Hospital.

Catchment Areas

Glamorgan is served by four hospitals for the mentally ill and two hospitals for the mentally subnormal. The administrative county is shared among these hospitals as follows:

Hospitals for the Mentally Ill

	County District Served
Pen-y-Val., Abergavenny	Gelligaer Urban District
Whitchurch Hospital, Near Cardiff	Caerphilly Urban District, Penarth Urban District, Cardiff Rural District (East)
Morgannwg Hospital, Bridgend	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Pontardawe Urban District, Llwchwr Urban District, Gelligaer Urban District and Penarth Urban District)
Cefn Coed Hospital, Swansea	Gower Rural District, Llwchwr Urban District, Pontardawe Rural District

Hospitals for the Mentally Subnormal

	County District Served
Ely Hospital, Cardiff	Gelligaer Urban District, Caerphilly Urban District, Barry Borough, Cardiff Rural District, Penarth Urban District.
Hensol Hospital, Pontyclun	Glamorgan County (Less those districts included in Ely catchment area)

Community Care

Two senior health welfare officers were appointed during the year and the Rhondda Borough Council which exercises delegated functions also decided to appoint a senior officer.

The administrative county was therefore divided into seven areas, each under the control of a senior health welfare officer leading a team of health welfare officers and working to consultant psychiatrists at the hospitals for the mentally ill.

The administrative county has been divided into the following mental health areas with an office operating in each area:—

Area No.	*County district*	*Staff*	*Hospital*
1	Gower Rural Llwchwr Urban Pontardawe Rural	1 Senior H.W.O. 2 H.W.O's 1 Clerk/Typist	Cefn Coed
2	Neath Borough Neath Rural Port Talbot Borough Glyncorrwg Urban	1 Senior H.W.O. 4 H.W.O's 1 Clerk/Typist	Morgannwg
3	Aberdare Urban Mountain Ash Urban Gelligaer Urban	1 Senior H.W.O. 4 H.W.O's 1 Clerk/Typist	Morgannwg Pen-y-Val
4	Rhondda Borough	1 Senior H.W.O. 4 H.W.O's 1 Clerical Officer	Morgannwg/ East Glamorgan Psychiatric Unit
5	Pontypridd Urban Llantrisant and Llantwit Fardre Rural Cardiff Rural (Part)	1 Senior H.W.O. 4 H.W.O's 1 Clerk/Typist	Morgannwg/ East Glamorgan Psychiatric Unit
6	Penybont Rural Maesteg Urban Bridgend Urban Cowbridge Borough Cowbridge Rural (Part) Ogmore and Garw Urban	1 Senior H.W.O. 4 H.W.O's 1 Clerk/Typist	Morgannwg
7	Barry Borough Penarth Urban Cardiff Rural (Part)	1 Senior H.W.O. 4 H.W.O's 1 Clerk/Typist	Morgannwg Whitchurch

Throughout the year the caseloads of mental welfare officers were kept under review in the hope of effecting some reduction in the number of persons receiving community care. Table 54 shows the number of mentally ill patients referred for community care. During 1970 there was an increase in the number of cases referred—2,318 compared with 1,915 in 1969—but this increase can be attributed to the closer contact maintained with general practitioners and other agencies following the setting up of area offices.

Mental welfare officers arranged for the admission to hospital of 867 mentally ill patients, 397 on an informal basis and 470 under the various sections of the Mental Health Act, 1959. The number of formal admissions increased considerably in 1970 and more use was made of Section 29 of the Act.

Progress reports on patients receiving after-care are submitted to consultants at six-monthly intervals except where these are requested more frequently.

Copies of reports on subnormal patients are also forwarded to interested agencies when considered appropriate.

Training Centres

Table 55

Training Centre Provision For Pupils at Different Ages

Centre	Accom-modation	Numbers in attendance on 31st December, 1970								
		Age 5–9		Age 10–15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	75	5	10	12	10	22	19	39	39	78
Aberkenfig	100	12	17	24	16	5	2	41	34	75
Aberkenfig Special Care Unit..	20	10	7	3	2	–	–	13	9	22
Barry	100	10	7	7	21	23	32	40	60	100
Briton Ferry ..	75	14	9	15	5	25	27	54	41	95
Penllergaer	60	5	4	7	7	25	13	37	24	61
Talbot Green ..	75	8	3	13	6	21	21	42	30	72
Trealaw	75	5	3	10	5	23	18	38	26	64
Trealaw S.C.U. ..	12	4	5	3	2	–	–	7	7	14
Ystrad Mynach ..	75	6	4	8	6	32	19	46	29	75
Swansea	—	–	–	–	–	3	–	3	–	3
Adult Training Centre	120	–	–	–	–	57	51	57	51	108
Total ..	787	79	69	102	80	236	202	417	350	767

Junior Training Centres

In September the first purpose-built Comprehensive Training Centre at Park Lane, Aberdare was opened to replace the first Occupation Centre provided by the Authority in January 1932 at Greenhill, Aberaman.

The new centre consists of separate accommodation for juniors, adults and special care cases and provides vastly improved accommodation for the pupils, trainees and staff from those at the rather dilapidated premises formerly occupied and where training was carried out, albeit with enthusiasm, in the most difficult of situations.

Of the 615 places available at junior training centres more than half are occupied by persons over 16 years of age, but as the programme for the erection of adult centres is implemented, so will the junior centres become establishments for the training of children in the age groups for which they were originally intended.

The older trainees at the majority of these "all age" centres continue to be engaged in light assembly work, of which there appears to be a sufficiency of suitable contracts available and which can easily be introduced into the training programme.

The staffs must be complimented on the variety of training they are able to introduce to the centres and on maintaining a high standard of preparation towards adult training.

Conveyance of Pupils

Most of the pupils attending the training centres and special care units travel by special transport provided by the Authority but trainees attending the adult training centres are encouraged, where appropriate, to travel to and fro by public transport.

Special 'bus routes have been arranged to each centre. These 'bus routes are kept under constant review and every effort is made to restrict travelling time to a maximum of one hour per journey. At the present time, the adult centre is served by one taxi and six 'bus routes, the hostels attached to junior centres by two 'bus routes and the ambulance service, and the junior training centres by thirty-two 'bus routes. A small number of children attending the special care units travel on the special 'buses, but most of them are conveyed by the County Ambulance Service.

Hostels Attached to Junior Training Centres

During 1970 thirty-nine children spent 5,431 residential days at the Aberkenfig Hostel and fifty children spent 5,356 residential days at the Barry Hostel, an increase of 917 days over the previous year.

Most of the children were resident at the hostels from Mondays to Fridays, but an increasing number of requests were received for children to remain over weekends, mainly owing to home difficulties.

The continuing embargo on hospital admissions, particularly in the case of Hensol Hospital, has resulted in a lower grade of child being cared for in the hostels with an increased responsibility on the staffs who have nevertheless coped most efficiently with this additional burden.

The decision to employ a number of part-time housemothers has been effective in that it has enabled staff to be used at the hostels at periods when they are most needed.

Adult Training

This year has been one of consolidation following the opening of the Bridgend Adult Centre in 1969 with considerable expansion in the use of the facilities available at the Centre. This was perhaps most noticeable on the horticultural side where vegetables, tomatoes and bedding plants found a ready sale, although their successful production necessitated a constant war being waged against marauding pigeons.

The already good relationships established by the Manager with local firms have been fostered which coupled with the ability of the trainees to produce work of a consistently high standard to an agreed date, has resulted in a continuing flow of contract work and the provision by firms of expensive equipment on permanent loan to the Centre.

There have again been many visits by groups of professional people and industrialists who have been impressed by the facilities available and the use being made of them.

During the year forty-one new trainees were admitted to the Centre. Of the forty-six trainees who left, it is encouraging to note that twenty-six took up outside employment, indicating in some measure the standard of training they received.

The staff consists of:—

One Manager, One Deputy Manager, One Chief Instructor, Seven Instructors, One Clerk/Typist, One Cook, Two Kitchen Helpers, One Caretaker/Cleaner and One full-time Van Driver.

The social side at the Centre has not been neglected. In addition to a trip to Bristol Zoo, a most successful Open Day was arranged which was attended by a considerable number of parents and members of the general public, and a social evening at Christmas.

The provision of this Centre has undoubtedly met a real need in the area and subnormal persons who had previously refused to accept training of any kind have maintained an excellent work and attendance record at the Centre. The trainees have developed a sense of purpose and responsibility, due largely to the enlightened attitude of the Manager and his staff, thus pinpointing the urgent need to provide additional purpose-built centres of this type.

Maesglas Hostel

At the end of the year there were fifteen girls residing at the hostel of whom six were in full-time employment. The remainder attended the adult training centre at Bridgend. Throughout the year thirty-five girls resided at the hostel for varying periods and only five were in attendance for the whole year.

The fact that only six girls were in employment highlights the difficulties in finding work sufficiently near the hostel, or which would pay sufficiently high wages to justify the expenditure on 'bus fares to places away from the hostel.

It has again been found necessary to use the hostel for girls known to be incapable of outside employment because of the continued difficulty in obtaining hospital admissions and the possibility of the hostel becoming a long stay home for the category of girls for whom it was not originally intended continues to be a matter of concern.

Selection panels for the admission of girls to the hostel are held regularly and consist of the Senior Medical Officer, Physician Superintendent of Hensol Hospital, the Local Disablement Rehabilitation Officer, Area Mental Welfare Officer and the hostel warden.

The hostel residents and members of the staff spent a week's holiday at Southsea and the warden arranged various functions and dances to enhance the social life at the hostel. Visits by a local hairdresser and beautician were very much enjoyed and appreciated by the girls.

Pontypridd Hostel

At the end of the year there were three vacancies at the hostel and of the twenty-two boys in residence, sixteen were in full-time employment. Throughout the year this high rate of employment was maintained and the only boys not

working were those who were unemployable. The average earnings of the boys in employment is over £10 per week.

The policy of the warden in visiting the boys in their working environment has resulted in the development of extremely good relationships with their employers and has increased the possibilities of employment for future hostel residents.

Applications for admission to the hostel are considered by the selection panel which consists of the Senior Medical Officer, the Physician Superintendent of Hensol Hospital, the Local Disablement Rehabilitation Officer, the Area Mental Welfare Officer and the hostel warden.

The hostel is now fully accepted in the community and from time to time the warden arranges social evenings including a very well attended annual carol service. Possibly the most important event in the year from the boys' point of view is the annual holiday abroad, which this year consisted of a coach tour of Austria. In addition to the boys and hostel staff, the party included parents and hostel neighbours. The individual cost of the holiday was £40 and each boy paid his share from his savings. The warden has paid tribute to the impeccable behaviour displayed by the boys during the tour.

Training

Mr. D. Cooper, who terminated his appointment as Training Officer on the 31st December, continued to co-ordinate the training of social workers undertaken in the Health Department during the year. The number of students placed in the department again increased, necessitating the grouping of visits of observation to training centres and hostels.

Trainees

Two trainees successfully completed a two-year Certificate in Social Work Course and took up duties as mental welfare officers in the Aberdare and Pontypridd areas. In addition two trainees were accepted for the two-year course which commenced in September, but who were not replaced as it was anticipated that fully qualified staff to fill any vacancies in the establishment would in future be readily available having regard to the number of social work courses being held.

Mental Welfare Officers

In September two officers commenced a two year Certificate in Social Work Course at the Cardiff College of Commerce and two officers returned to duty having successfully completed the course. Two officers attended the day release course for unqualified social workers which extends over two terms at the College.

Students

Field work placements were arranged for twenty-seven students from the under-mentioned colleges and university:—

	Number of Students
Cardiff College of Commerce (C.S.W.)	19
Cardiff College of Commerce (Child Care) ..	2
University College, Cardiff	6

Students on placement spent 808 days in the department. Eight students were supervised by the training officer, six area mental welfare officers were responsible for fifteen students, and three mental welfare officers for four students. Two students from the Cardiff C.S.W. Course undertook administrative placements in my department.

Thier involvement in the training of students creates a stimulus on the part of fieldwork staff towards an examination of their own methods of practice.

The training officer continued to liaise with tutors on the various social work courses at the Cardiff College of Commerce and the University of South Wales and Monmouthshire and he and area mental welfare officers assisted in the selection of students for the Certificate in Social Work Course and the course for Child Care Officers.

Library

The mental health library increased its selection of books by twenty-six to 136 but the number of borrowings decreased from 176 to 156. The greatest use of the library was made by students on placement in the department and by mental welfare officers and trainees attending the Certificate in Social Work Course.

Training of Staff of Training Centres

One assistant supervisor/teacher was seconded to the one year diploma course for teachers of mentally handicapped children at Bristol. Five assistant supervisor/teachers commenced attendance at the one-year extension course at Caerleon for holders of the diploma for teachers of mentally handicapped children.

During the year eighteen students spent a total of 475 days at training centres and hostels.

GENERAL PUBLIC HEALTH

Public Health Laboratory

The laboratory, under the direction of the County Analyst, Dr. L. E. Coles, undertakes work for the County Council, the County Borough of Merthyr Tydfil, all the County Districts including the six County Districts which are food and drug authorities and also tests samples of milk for the public health laboratory service.

Dr. Coles' Annual Report is published separately and it is only necessary therefore to make a brief reference to the work of the laboratory.

Of the 8,529 samples examined, 36 per cent. were submitted by County Council Officers, 32 per cent. by the six food and drug authorities and the Borough of Merthyr Tydfil and 32 per cent. for other sources including district authorities.

Tabel 56

Total Samples Examined

For County Council :		
Food and Drugs Act—milks and others	2,769	
Food and Drugs Act—private purchasers' complaints	49	
Fertilisers and Feeding Stuffs Act	115	
Waters—Swimming baths	14	
Milks for antibiotics	110	
Miscellaneous samples	8	
	——	3,065
For the County Districts and the County Borough of Merthyr Tydfil :		
Food and Drugs Act—milks and others	1,766	
Food and Drugs Act—private purchasers' complaints	69	
Fertilisers and Feeding Stuffs Act	31	
Waters—potable	302	
Waters—swimming baths	257	
Milks for antibiotics	19	
Effluents, etc.	77	
Atmospheric pollution analyses	123	
Radioactivity estimations	12	
Miscellaneous samples	62	
	——	2,718
For the Medical Research Council :		
(Public Health Laboratory Service)		
(*a*) Milk samples—Phosphatase and Methylene Blue Tests	1,535	
(*b*) Milk Samples—Turbidity Tests	111	
	——	1,646

Samples from all other sources :

Waters—potable	474	
Waters—swimming baths	245	
Waters—fluoride content	1	
Effluents, etc.	82	
Atmospheric pollution analyses	169	
Radioactivity estimations	26	
Weights and Measures Department	6	
Other miscellaneous samples	97	
		1,100
Total number examined		8,529

Diseases of Animals Act, 1950

Many administrative tasks connected with the Diseases of Animals Act, 1950 were transferred from the Chief Constable to me on the 1st October, 1967. Two civilian diseases of animals inspectors were appointed and a third inspector took up duties in July, 1970. The two County Public Health Inspectors and an administrative officer in the department have also been designated inspectors so that they can act in a relief capacity.

The inspectors have been successful in improving the standard of hygiene of pig farms using swill in the County thus reducing the risk of foot and mouth and other animal diseases. In some areas of the County, notably the mining valleys, pig keeping is undertaken as a hobby although not on the scale undertaken 30 years ago. In 1970, 1,120 inspections of boiling plants were made.

3,097 visits were made to farms compared with 1,607 in 1969. There are over 2,500 farmers in the County and the checking of their records is necessary so that the source of infection can be quickly traced should an outbreak of disease occur.

Table 57

Work of Diseases of Animals' Inspectors 1970

Markets		Boiling plants inspected	Visits to other farms	Movement records inspected	Miscellaneous visits
Number attended	Movement licences issued				
202	3,705	1,120	3,097	2,443	253

Boiling Plants

Number of licences in force	Number of premises found unsatisfactory	Number of new licences issued	Number of licences revoked
181	17	13	5

Brucellosis

The sample programme for the examination of milk for culture of biological examination is co-ordinated with the district medical officers of health. It has been agreed that district medical officers should take herd samples at monthly intervals of raw milk to be sold for human consumption, but where any district is unable to take tests at the frequency suggested the county public health inspectors will take samples.

During 1970 county inspectors arranged for 101 samples to be taken which were examined for antibiotics and for tuberculosis as well as brucella abortus. Nine cases proved positive to the Ring Test but none was positive to culture tests.

Rural Waters and Sewerage Acts 1954/55

The under-mentioned schemes have received the support of the Authority as being necessary public health measures and financial assistance will be given to these sanitary authorities.

Caerphilly Urban

Caerphilly Mountain Water Supply Scheme—Western Extension.

Gower Rural

Proposed sewerage scheme at Caswell Bishopston.

Scurlage Sewerage Scheme

Rhossili Sewerage Scheme

Llwchwr Urban

Proposed sewerage scheme at Felindre, Llangyfelach.

Ogmore Urban

Glynogwr (Llandyfodwg) Water Supply Scheme.

Penybont Rural

Proposed sewerage and sewage disposal scheme for "the fountain" Aberkenfig.

Proposed soil sewerage scheme for St. Bride's Major.

Glamorgan Rhoose Airport

The Department is responsible for the implementation of the Commonwealth Immigrant and Public Health Airport (Aircraft) Regulations 1970 at Rhoose Airport. The purpose of these regulations is to prevent the spread of infectious diseases. The Airport deals primarily with domestic traffic and the traffic of British subjects who go on holiday to Europe. Under the present arrangements aircraft travelling from most areas of Europe are allowed to land at Rhoose without further medical check of the passengers because the aircraft fly within an area which is free from quarantinable diseases. Dr. C. J. Revington, my Deputy, Dr. A. R. Davis and Dr. J. P. J Clarke and myself are available on a rota basis to attend the airport when requested.

With the development of Rhoose Airport more aliens are arriving.

TABLE 58

MEDICAL EXAMINATION OF ALIENS AND COMMONWEALTH IMMIGRANTS 1970

(*a*) *Aliens*

Number of arriving aircraft carrying aliens	305
Total number of arriving aliens (excluding crews)	4,298
Total number of aliens medically examined	—
Reports and certificates for aliens medically examined	—

(*b*) *Commonwealth Immigrants*

Total number of arriving Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962	199
Total number of Commonwealth citizens medically examined	—
Reports and certificates for Commonwealth citizens medically examined	—

HOUSING

Local authorities completed 1,654 houses in 1970 compared with 3,033 houses the year before. The contribution of the private sector was 2,350 houses compared with 3,024 houses in 1969. This fall in the number of houses was due to uncertainty concerning the economic conditions in the country. The efforts of local authorities however did not diminish concerning the clearing of slum property.

Most houses are out of date, even if they are not worn out, by the time they are 80 years old. In 1961 over 150,000 houses in the administrative county were built before 1914 so that in the next 20 years local authorities will have a tremendous task in replacing the worst of the older houses and in encouraging by subsidies houseowners to improve their property. Since improvement is left to individual initiative the results overall can be disappointing.

As indicated in the Annual Report for 1969 during the past few years housing policy has undergone a change of emphasis. Although large new house building programmes will be needed for some time a greater share of public investment will go towards the improvement of older houses. Most people living in decaying areas prefer to remain where they are and therefore a policy needs to be devised for rescuing such areas before they become slums which require to be demolished and the community broken up. Old houses can be restored for less than a third of the cost of building new houses.

TABLE 59

District	By Local Authority		By Private Enterprise, Building Societies, etc.
	Number of permanent and temporary houses		Number of houses completed and occupied during the year 1970
	Completed and occupied during the year 1970	Total completed and occupied since 1918	
	(1)	(2)	(3)
Aberdare Urban ..	87	3,205	20
Barry Borough	23	3,796	93
Bridgend Urban ..	—	2,059	14
Caerphilly Urban ..	18	4,022	123
Cowbridge Borough ..	—	80	—
Gelligaer Urban	140	2,637	64
Glyncorrwg Urban ..	14	1,209	—
Llwchwr Urban	36	2,106	165
Maesteg Urban	128	1,290	42
Mountain Ash Urban ..	155	1,893	12
Neath Borough	32	2,876	7
Ogmore and Garw Urban	14	1,846	3
Penarth Urban	135	1,794	28
Pontypridd Urban ..	73	3,245	74
Porthcawl Urban ..	—	447	165
Port Talbot Borough ..	63	7,660	120
Rhondda Borough ..	387	4,754	47
Cardiff Rural	—	1,440	375
Cowbridge Rural ..	—	2,026	217
Gower Rural	20	467	101
Llantrisant and Llantwit Fardre Rural ..	93	4,193	324
Neath Rural	105	3,597	90
Penybont Rural ..	104	5,573	220
Pontardawe Rural ..	27	2,962	46
Totals 1970 ..	1,654	65,171	2,350
Totals 1969 ..	3,033	63,810	3,024

Slum Clearance

As the following table shows the pace of slum clearance was maintained during 1970:

Table 60

	1969	1970
Number of houses demolished or closed as a result of :		
(*a*) Compulsory purchase and clearance orders ..	120	246
(*b*) Individual demolition and closing orders	447	404
Number of people re-housed as a result of :		
(*a*) Compulsory purchase and clearance orders ..	287	542
(*b*) Individual demolition and closing orders	1,025	714

Air Pollution

Phurnacite Plant, Abercwmboi

During the year considerable complaints were made by local residents of Mountain Ash about air pollution attributed to the phurnacite plant at Abercwmboi. It is rather ironical that an installed plant which makes smokeless fuel on a large scale should cause such pollution. The fault lies in the fact that the phurnacite plant is situated on the floor of a deep valley near a town. Towards the end of the year the plant was visited by Senior Officials of the Air Pollution Unit of the Medical Research Council and Coal Board Officials. Proposals were made for a study to be made including the possible effects of air pollution on the health of people in the surrounding area.

Table 61

Sickness Benefit Claims Received by Ministry of Social Security

	Jan.–Feb.–Mar.	April–May–June	July–Aug.–Sept.	Oct.–Nov.–Dec.	Total
1966	73,870	50,067	47,220	57,388	228,545
1967	58,203	52,884	46,354	61,675	219,116
1968	74,266	49,216	32,656	58,555	214,603
1969	75,668	53,020	51,131	68,589	248,408
1970	73,190	49,450	45,066	48,048	215,754

OTHER SERVICES

Medical Examination of Staff

During the year 3,043 new entrants to the county service completed a medical questionnaire and of these 456 were referred for medical examination and 1,548 for chest X-ray examinations. These figures include 812 new entrants to the county teaching service, of whom 62 were referred for medical examination and 572 for chest X-ray examinations. In accordance with the regulations of the Department of Education and Science, all new entrants to the teaching profession must undergo a medical examination and 35 examinations were carried out, including nine on behalf of other authorities. In addition 769, candidates were medically examined before admission to colleges of education.

999 medical examinations were carried out in respect of temporary staff, police, firemen and absentees. Investigations into the reasons for prolonged absence from duty were completed in respect of 244 employees where medical examinations were not considered necessary.

Adoption

Advice is given to the Director of Social Services concerning the medical fitness of children for adoption and also prospective adopters.

During 1970 advice was sought concerning eighty babies and their prospective adopters.

Driving Licences—1970

The Motor Vehicles (Driving Licences) Regulations 1970 have amended the previous regulations concerning driving and epilepsy. It is now possible for persons who have been free from epileptic attacks whilst awake or subject to nocturnal attacks only for at least three years, to apply for driving licences provided that the driving of a vehicle is not likely to be a source of danger to the public.

During 1970 forty-six cases were referred for investigation and of these forty were considered fit to hold a driving licence and six were considered medically unfit.

Also during 1970 regulations made under the Road Traffic Act, 1960 and the Road Safety Act, 1967 came into force providing that drivers of heavy goods vehicles should undergo a medical examination before being granted a licence.

Throughout the year 189 such medical examinations were carried out in respect of county council employees, including the Fire Service and South Wales Police Authority.

Table 62

Medical Inspection of Children in Care of County Council

	Initial examination	Re-examination	Referred for treatment
Boarded-out children ..	106	230	36
Children in Children's Homes	44	148	19
Children in Family Homes ..	57	129	26

Blind Persons

During the year 889 examinations of blind and partially-sighted persons were undertaken for the Director of Welfare Services. In the western half of the county examinations are carried out by consultants and in the eastern half by Dr. Gwladys Evans, the former senior medical officer, who is engaged on a sessional basis.

Table 63

Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1970	—	—	—	889
(2) Number of persons registered as blind or partially sighted during 1970 ..	107	44	261	412
(3) Number of persons at (2) recommended for :				
(*a*) No treatment	8	4	46	58
(*b*) Treatment (medical, surgical or optical)	88	26	188	302
(4) Number of persons at (3) (*b*) who, on follow-up action, have received treatment	11	14	27	52

INFECTIOUS DISEASES

Tuberculosis

Notification of pulmonary tuberculosis and non-pulmonary tuberculosis was higher than in 1969 and in 1968. Although the number of notifications is below that for 1967 and earlier years they clearly show that it is unwise to be complacent about the progress being made in eradicating this disease. A report on tuberculosis is given in greater length on page 56.

Typhoid Fever

Typhoid fever is now mainly sporadic and where cases are reported they seem to have acquired infection abroad. One case of typhoid fever was notified, a male nurse living in the Gelligaer urban area. He acquired this infection from a person who had returned home from Benidorm, Costa Blanca, Spain.

General practitioners were advised in one of the monthly newsletters that because more people are taking their holidays abroad, typhoid or paratyphoid fever should be considered as a possible diagnosis in any person who had had unexplained pyrexia for three days or more and, if the patient had been abroad it should be considered from the first day of illness. Doctors were also advised to notify the district medical officer of health by telephone of any patient suspected to be suffering from enteric fever and that it should be unnecessary to await confirmatory laboratory evidence, since early notification enabled the district medical officer of health to screen contacts and question persons involved at a stage when memory of relevant events is still fresh.

Food Poisoning

In November 1970 an outbreak of food poisoning took place at Clydach Junior and Infants School, West Glamorgan. It would appear that a common factor was a school meal taken at the school canteen during the previous day.

At the Junior School thirty children were absent and a further thirty-seven stated that they had been ill during the night. At the Infants School fifty-three were either away or ill. Clostridium welchii was isolated in large numbers from some of the faecal specimens examined by the public health laboratory. Fifty children and four adults had symptoms severe enough to consult their doctors at the commencement and had been officially notified as suffering from food poisoning.

The outbreak was caused by the pre-preparation of a meal of minced meat which involved it being cooked on the previous day and re-heated the following day.

The standard of hygiene at the school canteen was high and the catering standards of the kitchen staff were good and this must be regarded as an isolated lapse. Clostridium welchii is often present in raw meat and the thermal death point of the organism is above boiling point. The holding of the minced meat overnight in slow cooling conditions would help produce the ideal conditions for the outbreak.

Infective Jaundice

Infective jaundice became generally notifiable in June 1968, but some district medical officers of health were of the opinion that all cases of jaundice were not being notified to them and this information was passed to family doctors in the April newsletter. The majority of cases notified under the regulations are due to infective hepatitis which is a common condition, probably on the increase. Epidemiological investigation is necessary to determine possible transmission by food or water.

Table 64

Notification of Infectious Diseases

Disease	1951	1956	1961	1966	1967	1968	1969	1970
Tuberculosis—Pulmonary ..	831	618	356	199	180	125	119	141
Non-pulmonary ..	179	75	49	34	36	24	13	30
Enteric or Typhoid Fever	1	1	—	—	—	—	—	1
Paratyphoid ..	10	21	2	4	3	2	2	—
Scarlet Fever ..	1,102	963	304	359	263	165	142	133
Whooping Cough ..	2,716	665	387	145	396	206	46	67
Diphtheria	10	—	7	—	—	—	—	—
Ophthalmia Neonatorum ..	8	3	5	1	—	9	11	2
Dysentery	105	464	207	414	53	374	321	253
Measles	8,030	1,423	13,052	6,315	5,289	3,454	3,465	5,377
Poliomyelitis—Paralytic	8	12	15	—	—	—	—	—
Non-paralytic ..	16	14	1	—	—	—	—	—
Food Poisoning ..	31	113	124	33	59	30	113	11
Anthrax	—	—	1	3	2	—	—	—
Meningococcal Infection	36	32	10	7	5	8	5	5
* Infective Jaundice Hepatitis ..	—	—	—	—	—	379	724	820

* This disease became notifiable on 15th June, 1968.

Vital Statistics

POPULATION

The Registrar-General estimated the population of the administrative county to be 748,190 in mid-year 1970, 3,280 more than the 1969 figure. Natural increases (the excess of births over deaths) accounted for 2,762 so that the gain to the county due to migration was 518. The number of aged persons in 1970 (65 years and over) was 94,000, an increase of 1,750 on the previous year.

Table 65

Population of the Administrative County since 1801

Year	Population	Source
1801*	70,879	Census.
1831*	120,073	Census.
1861*	317,752	Census.
1891	467,954	Census.
1901	509,193	Census.
1911	699,718	Census.
1921	795,231	Census.
1931	766,223	Census.
1941	740,310	Registrar-General (estimate).
1951	736,819	Census.
1961	746,785	Census.
1962	748,700	Registrar-General (estimate).
1963	752,250	Registrar-General (estimate).
1964	755,480	Registrar-General (estimate).
1965	761,260	Registrar-General (estimate).
1966	764,000	Registrar-General (estimate).
1967	737,620	Registrar-General (estimate).
1968	742,920	Registrar-General (estimate).
1969	744,910	Registrar-General (estimate).
1970	748,190	Registrar-General (estimate).

*Geographical County.

Cardiff was made a County Borough in 1889. A major extension in 1922 added Llandaff, Llanishen and Gabalfa. A further extension in 1967 added Whitchurch and Rhiwbina.

Swansea was made a County Borough in 1889. A major extension in 1918 added Oystermouth Urban District and part Swansea Rural District.

Merthyr Tydfil was created a County Borough in 1908.

Mothers and Infants

The following vital statistics relating to mothers and infants are set out in accordance with the requirements of the Welsh Office:

Table 66

Live births—	
Number	12,083
Rate per 1,000 population	16·6
Illegitimate Live Births (per cent of total live births)	6%
Stillbirths—	
Number	180
Rate per 1,000 total live and still births	15
Total Live and Still Births	12,263
Infant Deaths (deaths under one year)	255
Infant Mortality Rates—	
Total infant deaths per 1,000 total live births	21
Legitimate infant deaths per 1,000 legitimate live births	21
Illegitimate infant deaths per 1,000 illegitimate live births	29
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	15
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	12
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	27
Maternal Mortality (including abortion)—	
Number of deaths	4
Rate per 1,000 total live and still births	0·33

Births

Table 67 compares the number of births and the birth rate for 1970 with figures for previous years and a comparison is also made with national rates.

Table 67

Births and Birth Rates

	1951	1956	1961	1966	1967	1968	1969	1970
Live Births:								
Glamorgan	11,946	11,629	12,668	12,804	12,356	12,225	12,163	12,083
Birth Rate:								
Glamorgan— adjusted	16·3	15·8	16·7	17·1	16·9	17·0	16·8	16·6
England and Wales	15·5	15·7	17·4	17·1	17·2	16·9	16·3	16·0
Illegitimate Birth Rate:								
Glamorgan	32	28	32	51	55	59	59	59
England and Wales	47	46	60	79	84	84	84	84

It will be noted that from 1968 onwards the birth rate has been falling in the county and this is in line with national trends although the rate for the county has not fallen as steeply. The county birth rate is now higher than the national rate.

The birth rate in the county varies considerably from area to area. A developing area such as Llantrisant Rural had an adjusted birth rate of 22·5 which was 40 per cent. higher than the rate for the country, while Cowbridge Rural was 33 per cent. above the national rate.

Low birth rates took place in areas where the population is declining, e.g. Rhondda, adjusted rate 14·1 (88 per cent of national rate) and Neath Borough, adjusted rate 13·4 (84 per cent. of national rate). A low birth rate was also recorded in areas regarded as development areas such as Bridgend Urban, adjusted rate 13·4 (84 per cent. of national rate) and Port Talbot Borough, adjusted rate 13·6 (85 per cent. of national rate). These towns experienced a high birth rate ten to fifteen years ago and in five to ten years time are likely to witness another cycle of high birth rates.

Death Rates

Death rates in Glamorgan tend to be higher than those for England and Wales. The position in 1970 and in previous years was as follows:

Table 68

Death Rates

Year	Glamorgan		Rate England and Wales	Ratio of local adjusted death rate to national rate
	Crude death rate	Adjusted rate		
1957 ..	12·3	14·0	11·5	1·22
1962 ..	12·3	14·4	11·9	1·21
1967 ..	11·8	13·5	11·2	1·20
1968 ..	12·5	14·3	11·9	1·20
1969 ..	13·3	15·2	11·9	1·27
1970 ..	12·5	14·1	11·7	1·21

9,321 deaths took place in 1970 compared with 9,872 deaths in 1969. The crude death rate was 12·5 per thousand population and the adjusted death rate, i.e. adjusted for sex and age structure of the population was 14·1. The ratio of the local adjusted death rate to the national rate was 1·21 that is to say that the Glamorgan death rate is 21 per cent. higher than the national rate. Above average mortality rates occur in the mining valleys.

Table 69

1970

District	Ratio of local adjusted death rate to national rate	Crude death rate per 1,000 population	Death rates from principal causes			
			Heart diseases	Cancers	Cerebral vascular disease	Bronchitis
Glyncorrwg ..	1·55	12·3	4·7	1·4	1·0	1·0
Maesteg	1·36	12·8	4·5	2·3	1·2	1·0
Ogmore and Garw	1·57	15·2	5·2	2·9	2·0	0·9
Rhondda ..	1·32	13·9	4·9	2·3	2·2	1·0
Aberdare ..	1·29	15·0	5·4	2·2	2·7	1·3
Gelligaer ..	1·31	12·2	3·9	2·0	1·7	0·9
Glamorgan ..	1·21	12·5	4·3	2·2	1·8	0·8
Areas with low death rates are :						
Cardiff Rural ..	0·92	10·2	3·6	1·7	1·6	0·6
Penybont Rural..	1·01	13·0	4·6	1·9	1·7	0·4
Llantrisant Rural	1·02	8·9	2·7	1·7	1·5	0·5

Table 70

Principal Causes of Death

	1970		1960		1950	
	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths
Heart and circulatory diseases	3,529	37·9	3,381	37·1	3,159	33·5
Cancer	1,627	17·5	1,526	16·7	1,286	13·6
Respiratory diseases (bronchitis, pneumonia, influenza, other) ..	1,449	15·5	1,037	11·4	1,174	12·4
Cerebrovascular disease	1,344	14·4	1,385	15·2	1,138	12·1
Violence (accidents, suicide)	345	4·0	350	3·8	376	3·9

TABLE 71

DEATHS ACCORDING TO AGE GROUPS AT CERTAIN YEARS SINCE 1901

	Total deaths	Under 1	1–4	5–14	15–44	45–64	65–74	75 plus
1901 ..	10,720	3,575	1,568	531	3,486		1,558	
1931 ..	9,275	996	514	315	1,613	2,558	1,820	1,459
1961 ..	9,230	290	45	49	440	2,255	2,619	3,432
1965 ..	9,152	274	38	52	491	2,281	2,621	3,395
1968 ..	9,265	254	41	40	350	2,192	2,682	3,725
1969 ..	9,872	248	37	30	375	2,425	2,977	3,780
1970 ..	9,321	255	33	30	330	2,306	2,810	3,555

TABLE 72

DEATHS FROM DISEASES OF THE HEART—GLAMORGAN

Cause of death	1960			1970		
	Male	Female	Total	Male	Female	Total
Coronary	1,105	544	1,649	1,436	1,016	2,452
Hypertension (with heart disease) ..	95	93	188	102	105	207
Other heart disease	492	619	1,111	224	297	521
Other circulatory	226	207	433	159	190	349
Total	1,918	1,463	3,381	1,921	1,608	3,529

DEATHS ATTRIBUTABLE TO CANCER

The following table gives details of death attributable to cancer during the years 1966-1970:

TABLE 73

DEATHS DUE TO CANCER

Site	Year									
	1966		1967		1968		1969		1970	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach	153	94	132	111	125	115	159	99	143	119
Breast	2	133	2	130	3	135	2	168	2	156
Uterus	—	55	—	67	—	59	—	72	—	67
Lung	324	35	286	29	267	36	329	51	319	50
Other	438	350	400	305	429	347	443	369	413	358
Total cancer deaths ..	917	667	820	642	824	692	933	759	877	750

Breast Cancer

Cancer of the breast is the commonest cancer in women, among whom it accounts for about one-fifth of all deaths from malignant disease. This frequency is not evident in all countries. In Glamorgan the annual incidence is 57·2 per 100,000 female population.

Over the past four years an international study has been made of the relation between cancer and reproductive history this has been organised by the Harvard School of Public Health with the assistance of the World Health Organisation and with the participation of the Welsh National School of Medicine.

High risk areas chosen in the survey were South Wales and Boston, U.S.A. Low risk areas were the Island of Formosa and the City of Tokio. Intermediate risk areas were Athens, Sao Paulo (Brazil) and Slovenia. In each of the seven areas an attempt was made to interview all breast cancer cases coming to medical attention for the first time during a defined period.

In South Wales, the study area was geographical Glamorgan and twenty-two hospitals in the area were found to admit women with breast cancer during the two-year period of the survey. It was found that women who have their first child at or after the age of 35 ran more than twice the risk of breast cancer than first time mothers under 20. Married women seemed to be at three-quarters of the risk of single women and among married women those who have five or more full-term pregnancies were at only one-third the risk of those who never had a full-term pregnancy. The survey also showed that breast cancer is more common among women of higher social class as measured by the time spent in school. Those who continued their education into the twenties were three times at greater risk than those who left school before the age of seventeen.

The most frequently offered explanation of the parity and social class differences in breast cancer risk has been lactation experience. The survey, however, found no appreciable difference between mothers who breast fed their babies and those who did not.

Infant Mortality

The child mortality rate has fallen considerably since the turn of the century as the figures in Table 74 show. Considerable improvements were made in the early 20's when the effects of the Maternity and Child Welfare Act 1918 became apparent following the appointment of health visitors and the setting up of maternity and child welfare clinics. There was a further marked advance in the early 50's with the advent of better nutritional standards viz. the welfare food scheme and the introduction of the National Health Service. Between 1961 and 1970 further improvement has been made but it has been less dramatic since it is becoming increasingly more difficult to save infant lives because we are nearing the level where the scope for further improvement is limited. Even so, the infant mortality rate for the county still lags behind the national rate and there are mining areas in the county where the infant mortality rate can be three times that of Cardiff rural.

It will be noted that of the 255 children who died in the county under one year 180 (71 per cent.) died under four weeks, a number which was 42 more than the deaths which took place between the age of one month and 14 years.

Clearly in order to reduce deaths under four weeks it is necessary to improve the standards of community ante-natal care since a mother who is physically fit and under 30 years of age and has sought skilled ante-natal care early in pregnancy has a better chance of being delivered of a normal baby.

Table 74

Infant Mortality

Year	Deaths under one year per 1,000 live births		Year	Deaths under one year per 1,000 live births	
	Glamorgan	England and Wales		Glamorgan	England and Wales
1892	150	148	1941	67	59
1901	195	151	1951	37	30
1911	144	130	1961	23	21
1921	93	83	1966	21	19
1931	77	66	1969	20	18
			1970	21	17

Table 75

Causes of Child Deaths

Neo-natal Period

Deaths under 4 weeks

All causes	180
Birth injuries	68
Other causes of peri-natal mortality	54
Congenital anomalies	28
Pneumonia and other respiratory	10
Meningitis	4
Intestinal disorders	4
Other digestive	2
Other causes	10

Deaths 1–4 years

All causes	33
Violence	11
Congenital anomalies	8
Pneumonia and other respiratory	4
Other malignant neoplasms	3
Anaemias	2
Other infective and parasitic	2
Other causes	3

Post Neo-natal Period

Deaths 4 weeks–1 year

All causes	75
Pneumonia and other respiratory	30
Congenital anomalies	20
Violence	7
Enteritis and other diarrhoeal	4
Meningitis	4
Other diseases, nervous system	3
Other causes	7

Deaths 5–14 years

All causes	30
Violence	12
Congential anomalies	4
Malignant neoplasms	4
Other diseases, nervous system	3
Pneumonia and other respiratory	3
Other causes	4

Peri-natal Mortality

Peri-natal mortality rates for Glamorgan have remained at 30 from 1965 until 1969 after falling steadily from 49 in 1955. The rate for 1970 is 27 compared with 23 for England and Wales. The rate of 27 was achieved in England and Wales in 1965. There is considerable variation between districts, the mining areas tending to have a higher mortality rate than the more well-to-do areas in the Vale and the Gower Peninsula. The following table gives the average rate for the five year period 1966-1970 as well as the 1970 rate:

Table 76

Peri-natal Mortality Rate

District	1966–70	1970
Glyncorrwg	44	27
Ogmore and Garw	36	33
Maesteg	35	53
(* Cowbridge Borough ..	34)	25
Rhondda	34	30
Mountain Ash	33	32
Caerphilly	32	26
Neath Rural	32	31
Port Talbot	32	31
Aberdare	31	29
Pontypridd	31	37
Glamorgan	29	27
Neath Borough	29	26
Llwchwr	28	17
Pontardawe	27	38
Penybont	27	16
Llantrisant	27	29
Gelligaer	26	27
Barry	26	21
Bridgend	25	30
Cowbridge Rural	25	35
Penarth	25	15
Porthcawl	21	16
Cardiff Rural	16	14
Gower	14	9

* Cowbridge Borough population 1,500. Population too small for rate to be of significance.

It would be noted that Gelligaer is the only mining valley in Central and East Glamorgan where the average rate for the past five years has been below the county average.

It is considered that peri-natal mortality rates would improve still further if women could be persuaded to follow these simple rules:

(1) When pregnant seek ante-natal care early in pregnancy.
(2) Attend regularly for ante-natal care and follow the advice given.
(3) Attend ante-natal classes—the health visitor will make arrangements.
(4) Plan the size of your family so that every baby is a wanted baby.

Maternal Mortality

Four deaths occurred in 1970. The causes of death were:

South-East Glamorgan Health Division

Patient aged 27 years. Died 5.6.70

Cause of death
(1) Cardiac arrest
(2) Amniotic aneurism due to childbirth

Pontypridd and Llantrisant Health Division

Patient aged 22 years Died 1.10.70

Cause of death
(1) Bacteria shock
(2) Infective amniotic fluid embolism
(3) Intra uterine infection following rupture of membrane for induction of labour

Neath and District Health Division

Patient aged 26 years Died 15.10.70

Cause of death
(1) Entero colitis
(2) Paralytic ileus
(3) Operation (caesarian section)

Pontypridd and Llantrisant Health Division

Patient aged 30 years Died 4.12.70

Cause of death
(1) Broncho pneumonia
(2) Diabetic Coma
(3) Pregnancy

Table 77

Glamorgan Maternal Mortality Rates

Year	Number of deaths	Rate per 1,000 total births
1919 ..	105	5·47
1924 ..	98	5·04
1929 ..	82	5·92
1934 ..	100	8·08
1939 ..	58	5·21
1944 ..	51	3·69
1949 ..	18	1·40
1954 ..	7	0·59
1959 ..	4	0·32
1964 ..	5	0·37
1968 ..	1	0·08
1969 ..	2	0·16
1970 ..	4	0·32

In 1934 the year before the sulphonamides were discovered, 100 Glamorgan mothers died in pregnancy, most commonly from sepsis. In that year one out of 125 pregnancies resulted on the death of a Glamorgan mother. Since then the dangers from sepsis have receded and this together with other advances in treatment has dramatically reduced the Glamorgan maternity mortality rate so that even with four maternal deaths taking place in 1970, this represented one death out of 3,000 pregnancies.

All maternal deaths are subject to investigation with a view to ascertaining whether they could have been avoided. Conclusions arrived at by the Government Committee of experts studying these reports are made available to all doctors and make a contribution to reducing the number of deaths.

TABLE 78

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1970

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal Infection	Infective Jaundice and Hepatitis	Acute Encephalitis		Enteric or Typhoid Fever	Para-typhoid Fever	Food Poisoning	Tuberculosis			Ophthalmia Neonatorum	Anthrax	Malaria
			Para-lytic	Non-para-lytic						Infective	Post infective				Respiratory	Meninges and C.N.S.	Other			
ADMINISTRATIVE COUNTY	133	67	–	–	5,521	–	243	5	820	–	–	1	–	117	141	1	30	2	–	–
Aberdare Urban ..	1	3	–	–	156	–	–	–	96	–	–	–	–	–	3	–	1	–	–	–
Mountain Ash Urban ..	16	9	–	–	272	–	–	–	46	–	–	–	–	2	4	–	–	–	–	–
Caerphilly Urban ..	2	2	–	–	177	–	18	–	27	–	–	–	–	11	6	–	1	–	–	–
Gelligaer Urban ..	7	–	–	–	441	–	161	1	43	–	–	1	–	2	9	–	3	–	–	–
Bridgend Urban ..	2	2	–	–	45	–	–	–	6	–	–	–	–	–	4	–	1	–	–	–
Maesteg Urban	9	1	–	–	49	–	3	–	5	–	–	–	–	–	9	–	–	–	–	–
Ogmore and Garw Urban	25	–	–	–	187	–	–	–	30	–	–	–	–	3	3	–	1	–	–	–
Porthcawl Urban ..	–	14	–	–	82	–	–	–	28	–	–	–	–	–	7	–	–	–	–	–
Penybont Rural ..	3	2	–	–	228	–	–	–	9	–	–	–	–	–	6	–	4	–	–	–
Neath Borough	9	2	–	–	170	–	–	–	20	–	–	–	–	1	5	–	–	–	–	–
Neath Rural	1	2	–	–	310	–	1	–	94	–	–	–	–	9	7	1	1	–	–	–
Llantrisant and Llantwit Fardre Rural ..	1	–	–	–	521	–	2	–	7	–	–	–	–	3	13	–	4	–	–	–
Pontypridd Urban ..	4	–	–	–	122	–	–	–	–	–	–	–	–	3	7	–	1	–	–	–
Glyncorrwg Urban ..	–	–	–	–	174	–	1	1	1	–	–	–	–	–	–	–	–	–	–	–
Port Talbot Borough ..	2	9	–	–	318	–	12	1	23	–	–	–	–	1	12	–	3	–	–	–
Barry Borough	2	–	–	–	50	–	18	1	17	–	–	–	–	5	2	–	1	–	–	–
Cardiff Rural	1	1	–	–	100	–	–	1	11	–	–	–	–	9	1	–	2	–	–	–
Cowbridge Borough ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cowbridge Rural ..	1	–	–	–	114	–	1	–	6	–	–	–	–	5	1	–	2	–	–	–
Penarth Urban	1	3	–	–	270	–	3	–	67	–	–	–	–	3	4	–	–	–	–	–
Gower Rural	–	–	–	–	66	–	22	–	4	–	–	–	–	–	5	–	1	–	–	–
Llwchwr Urban ..	2	1	–	–	147	–	–	–	31	–	–	–	–	–	2	–	–	–	–	–
Pontardawe Rural ..	4	–	–	–	175	–	–	–	76	–	–	–	–	60	3	–	2	–	–	–
Rhondda Borough ..	40	16	–	–	1,347	–	1	–	173	–	–	–	–	–	28	–	2	2	–	–

TABLE 79

VITAL STATISTICS, 1970

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Illegitimate Live Births as a Percentage of all Live Births	Stillbirths	Stillbirthrate per 1,000 Live and Stillbirths	Total Live and Stillbirths	INFANT MORTALITY				NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death Rate per 1,000 Live and Stillbirths
	Census, 1961	Estimated, 1970	Males	Females	Total	Crude	Adjusted			Stillbirth Rate		Deaths under One Year	Rate per 1,000 Live Births	Legitimate Rate per 1,000 Live Births	Illegitimate Rate per 1,000 Live Illegitimate Births	Deaths under Four Weeks	Rate per 1,000 Live Births	Stillbirths and Deaths under One Week	Rate per 1,000 Live and Stillbirths		
ENGLAND AND WALES ..	46,104,500	48,987,700	—	—	784,482	16·0	16·0	8	10,341	13	794,823	14,269	18	17	26	9,663	12	18,669	23	—	—
ADMINISTRATIVE COUNTY	746,785	748,190	6,318	5,765	12,083	16·1	16·6	6	180	15	12,263	255	21	21	29	180	15	330	27	4	0·33
Aberdare Urban ..	39,155	38,250	338	314	652	17·0	18·5	7	9	14	661	15	23	25	—	12	18	19	29	—	—
Mountain Asb Urban ..	29,575	28,420	234	224	458	16·1	16·1	5	4	9	462	17	37	34	95	12	26	15	32	—	—
Caerphilly Urban ..	35,997	40,550	448	356	804	19·8	19·4	4	10	12	814	21	26	27	—	11	14	21	26	—	—
Gelligaer Urban ..	34,656	34,420	274	282	556	16·2	16·2	7	7	12	563	16	29	29	27	12	22	15	27	—	—
Bridgend Urban ..	15,174	15,170	98	99	197	13·0	13·4	8	2	10	199	5	25	22	67	5	25	6	30	—	—
Maesteg Urban	21,625	21,220	222	179	401	18·9	19·7	6	12	29	413	13	32	29	80	11	27	22	53	—	—
Ogmore and Garw Urban	20,985	20,120	199	191	390	19·4	20·0	7	6	15	396	13	33	36	—	10	26	13	33	—	—
Porthcawl Urban ..	11,086	13,640	94	94	188	13·8	16·3	9	1	5	189	5	27	29	—	3	16	3	16	—	—
Penybont Rural ..	42,104	50,530	524	480	1,004	19·9	19·1	5	11	11	1,015	18	18	19	—	9	9	16	16	—	—
Neatb Borougb	30,935	29,470	182	198	380	12·9	13·4	6	6	16	386	6	16	17	—	4	11	10	26	—	—
Neatb Rural	40,870	40,390	302	266	568	14·1	14·7	5	6	10	574	13	23	20	69	10	18	15	26	1	—
Llantrisant and Llantwit Fardre Rural ..	27,109	34,270	403	344	747	21·8	22·5	3	15	20	762	15	20	19	40	8	11	22	29	2	—
Pontypridd Urban ..	35,494	35,040	253	278	531	15·2	15·5	5	9	17	540	11	21	18	71	11	21	20	37	—	—
Glyncorrwg Urban ..	9,368	9,330	88	58	146	15·6	15·1	5	3	20	149	3	21	22	—	1	7	4	27	—	—
Port Talbot Borougb ..	51,322	51,000	385	314	699	13·7	13·6	8	10	14	709	18	26	20	94	—	—	22	31	—	—
Barry Borougb	42,084	42,370	333	319	652	15·4	15·9	9	7	11	659	12	18	17	34	13	19	14	21	—	—
Cardiff Rural	49,884	29,810	292	278	570	19·1	17·6	3	5	9	575	6	11	11	—	8	12	8	14	—	—
Cowbridge Borougb ..	1,067	1,500	20	20	40	26·7	26·4	3	—	—	40	3	75	77	—	4	7	1	25	—	—
Cowbridge Rural ..	18,756	23,720	233	208	441	18·6	21·2	5	10	22	451	8	18	19	—	1	25	16	35	1	—
Penarth Urban	20,896	23,200	174	165	339	14·6	15·8	8	4	12	343	2	6	6	11	7	16	5	15	—	—
Gower Rural	12,656	16,350	125	107	232	14·2	14·9	5	2	9	234	2	9	9	—	1	3	2	9	—	—
Llwchwr Urban ..	25,013	26,000	211	208	419	16·1	17·2	3	4	9	423	8	19	20	—	1	4	7	17	—	—
Pontardawe Rural ..	30,687	29,420	212	171	383	13·0	14·7	4	10	25	393	5	13	11	71	5	12	15	38	—	—
Rhondda Borougb ..	100,287	94,000	674	612	1,286	13·7	14·1	6	27	21	1,313	20	16	16	12	5	13	39	30	—	—

TABLE 80

VITAL STATISTICS, 1970

	DEATHS			DEATH RATE		DEATH RATES (Some principal causes of death)								
	Males	Females	Total	Crude	Adjusted	Hearts Diseases	Cancers	Cerebro-Vascular Disease	Bronchitis and Emphysema	Pneumonia	Other Circulatory Diseases	Violence	Tuberculosis Respiratory	Tuberculosis Other
ENGLAND AND WALES ..	—	—	575,208	11·7	11·7	—	—	—	—	—	—	—	—	—
ADMINISTRATIVE COUNTY	4,990	4,329	9,319	12·5	14·1	4·3	2·2	1·8	0·8	0·7	0·5	0·5	0·06	0·01
Aberdare Urban ..	311	264	575	15·0	15·2	5·4	2·2	2·7	1·3	0·5	0·3	0·4	0·05	—
Mountain Ash Urban ..	194	163	357	12·6	15·0	3·5	2·5	1·5	1·1	0·8	0·5	0·3	0·1	—
Caerphilly Urban ..	224	180	404	10·0	12·5	3·2	1·8	1·1	0·8	0·6	0·2	0·3	0·02	0·02
Gelligaer Urban ..	238	181	419	12·2	15·4	3·9	2·0	1·7	0·9	0·3	0·8	0·5	0·09	0·06
Bridgend Urban ..	125	79	204	13·4	14·6	4·7	2·4	1·4	0·5	1·2	0·7	0·7	0·1	—
Maesteg Urban	152	119	271	12·8	15·9	4·5	2·3	1·2	1·0	1·0	0·4	0·5	—	—
Ogmore and Garw Urban	175	130	305	15·2	18·4	5·2	2·9	2·0	0·9	0·9	0·4	0·5	0·04	—
Porthcawl Urban ..	108	108	216	15·8	12·6	5·1	2·7	2·9	0·4	0·9	0·6	0·5	0·1	—
Penybont Rural ..	352	304	656	13·0	11·8	4·6	1·9	1·7	0·4	1·6	0·4	0·5	0·06	0·02
Neath Borough	224	172	396	13·4	14·5	4·6	2·6	1·7	1·1	0·8	0·5	0·6	—	—
Neath Rural	288	246	534	13·2	15·4	4·3	2·2	2·4	0·4	0·7	0·8	0·4	—	—
Llantrisant and Llantwit Fardre Rural ..	157	150	307	8·9	11·9	2·7	1·7	1·5	0·5	0·4	0·3	0·4	0·09	—
Pontypridd Urban ..	227	223	450	12·8	13·3	4·4	2·4	2·0	0·7	0·6	0·5	0·4	0·06	—
Glyncorrwg Urban ..	65	50	115	12·3	18·1	4·7	1·4	1·0	1·0	1·2	0·5	0·4	—	—
Port Talbot Borough ..	321	249	570	11·2	15·0	3·7	1·7	1·7	0·9	0·6	0·4	0·7	0·08	—
Barry Borough	249	254	503	11·9	12·9	4·3	2·5	1·6	0·4	0·7	0·4	0·3	0·02	0·02
Cardiff Rural	150	154	304	10·2	10·8	3·6	1·7	1·6	0·6	0·5	0·6	0·5	—	0·03
Cowbridge Borough ..	9	13	22	14·7	16·9	6·0	2·7	3·3	—	—	—	—	—	—
Cowbridge Rural ..	107	70	177	7·5	13·1	2·2	1·3	1·1	0·2	0·4	0·2	0·6	0·04	—
Penarth Urban	122	149	271	11·7	11·0	4·0	2·2	1·8	0·6	0·4	0·5	0·4	0·04	—
Gower Rural	98	89	187	11·4	12·4	4·3	2·2	1·4	0·6	0·5	0·6	0·4	0·06	—
Llwchwr Urban ..	177	152	329	12·7	13·8	4·5	2·4	1·9	0·7	0·7	0·5	0·3	0·04	—
Pontardawe Rural ..	226	210	436	14·8	15·1	5·4	2·9	1·8	1·0	0·7	0·6	0·5	0·1	0·03
Rhondda Borough ..	691	620	1,311	13·9	15·4	4·9	2·3	2·2	1·0	0·6	0·4	0·5	0·1	0·03

TABLE 81

CAUSES OF DEATH AT ALL AGES DURING THE YEAR 1970

	Enteritis and other Diarrhoeal Diseases	Tuberculosis of Respiratory System	Late Effects of Respiratory Tuberculosis	Other Tuberculosis	Meningococal Infection	Syphilis and its Sequelae	Other Infective and Parasitic Diseases	Malignant Neoplasm, Buccal Cavity, etc.	Malignant Neoplasm, Oesophagus	Malignant Neoplasm, Stomach	Malignant Neoplasm, Intestine	Malignant Neoplasm, Larynx	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Malignant Neoplasm, Prostate	Leukaemia	Other Malignant Neoplasms,	Benign and Unspecified Neoplasms	Diabetes Mellitus	Avitaminoses, etc.	Other Endocrine, etc. Diseases	Anaemias	Other Diseases of Blood, etc.	Mental Disorders	Meningitis	Multiple Sclerosis	Other Diseases of Nervous System	Chronic Rheumatic Heart Disease	Hypertensive Disease
ADMINISTRATIVE COUNTY	6	39	7	8	1	2	18	27	44	262	233	9	369	158	67	54	39	365	24	79	4	35	38	7	16	11	13	66	131	207
Aberdare Urban ..	–	1	1	–	–	–	1	–	1	18	16	1	17	8	4	3	1	17	2	3	–	–	5	1	1	1	1	4	6	16
Mountain Ash Urban ..	1	4	–	–	–	–	–	2	1	13	11	1	17	4	3	1	1	17	1	6	–	1	1	–	1	1	–	–	9	11
Caerphilly Urban ..	–	1	–	1	–	–	–	1	1	16	3	–	20	7	5	2	2	15	1	3	2	5	2	–	–	–	1	5	10	4
Gelligaer Urban	–	3	–	2	–	–	1	–	1	13	4	–	23	9	–	4	–	14	–	2	1	5	2	–	1	–	2	5	8	11
Bridgend Urban ..	–	1	1	–	–	–	–	1	1	7	1	–	9	5	2	3	–	8	–	–	–	1	–	–	–	2	–	3	5	3
Maesteg Urban	–	–	–	–	–	–	–	–	1	8	11	–	11	1	3	4	2	8	–	1	–	–	2	–	1	1	–	3	4	7
Ogmore and Garw Urban	–	1	–	–	–	–	1	1	1	8	4	–	13	11	–	3	4	14	–	5	–	–	–	–	2	2	–	1	–	4
Porthcawl Urban ..	–	1	1	–	–	–	–	1	2	4	7	–	5	4	3	–	1	10	1	2	–	–	5	1	–	–	–	1	2	2
Penybont Rural ..	2	3	–	1	–	–	2	2	5	12	16	–	21	7	3	2	2	25	3	4	–	3	1	2	5	–	–	5	7	7
Neath Borough	–	–	–	–	–	–	–	4	4	10	10	2	16	6	5	3	2	15	1	4	–	1	4	–	–	–	1	2	5	11
Neath Rural	1	–	–	–	–	–	1	–	3	18	19	–	13	11	4	1	–	20	2	4	–	–	1	–	2	–	–	6	5	11
Llantrisant and Llantwit Fardre Rural ..	–	3	–	–	–	1	1	–	2	6	7	–	16	6	4	1	1	14	–	4	–	3	2	–	–	1	–	2	7	5
Pontypridd Urban ..	–	2	–	–	–	–	1	2	2	11	11	–	23	6	3	3	2	23	1	2	–	–	–	–	–	–	1	4	4	11
Glyncorrwg Urban ..	–	–	–	–	–	–	–	1	1	1	–	–	3	1	1	1	–	4	–	6	–	–	1	–	–	–	–	–	6	–
Port Talbot Borough ..	–	3	1	–	–	–	–	1	–	15	10	–	27	11	2	–	2	20	3	2	–	4	–	–	–	–	1	3	9	12
Barry Borough	1	–	1	1	–	1	4	1	2	11	17	1	24	10	2	4	3	33	2	3	–	3	2	1	–	1	–	5	5	9
Cardiff Rural	–	–	–	1	–	–	1	1	1	7	7	1	17	5	–	–	–	11	–	3	–	–	2	1	1	–	1	4	4	6
Cowbridge Borough ..	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–	1
Cowbridge Rural ..	–	1	–	–	–	–	–	–	1	8	2	–	7	5	–	1	1	7	–	3	–	–	–	1	–	–	–	3	2	3
Penarth Urban	–	1	–	–	–	–	–	2	2	4	11	1	9	7	2	1	1	12	–	1	–	–	2	–	1	–	2	1	6	6
Gower Rural	–	1	–	–	–	–	1	–	1	4	7	–	6	3	–	3	2	10	–	1	–	1	1	–	–	–	–	–	2	6
Llwchwr Urban	–	1	–	–	–	–	–	1	2	14	15	–	9	4	5	3	2	8	1	5	–	–	1	–	–	1	–	1	–	4
Pontardawe Rural ..	1	2	1	1	–	–	1	2	2	18	11	–	12	12	9	1	2	15	1	4	–	3	–	–	–	–	1	3	7	13
Rhondda Borough ..	–	10	1	1	–	–	3	4	7	36	32	2	51	15	7	9	8	43	5	11	1	5	4	–	1	1	2	5	18	44

TABLE 81—*continued*

CAUSES OF DEATH AT ALL AGES—*continued*

	Ischaemic Heart Disease	Other forms of Heart Disease	Cerebrovascular Disease	Other Diseases of Circulatory System	Influenza	Pneumonia	Bronchitis and Emphysema	Asthma	Other Diseases of Respiratory System	Peptic Ulcer	Appendicitis	Intestinal Obstruction and Hernia	Cirrhosis of Liver	Other Diseases of Digestive System	Nephritis and Nephrosis	Hyperplasia of Prostate	Other Diseases of Genitourinary System	Diseases of Skin, Subcutaneous Tissue	Diseases of Musculo-Skeletal System	Congenital Anomalies	Birth Injury, Difficult Labour, etc.	Other causes of Peri-Natal Mortality	Symptoms and ill-defined conditions	Motor Vehicle Accidents	All other Accidents	Suicide and Self-inflicted Injuries	All other external causes	Other Complications of Pregnancy, etc.	Total all causes
ADMINISTRATIVE COUNTY	2,452	390	1,344	349	141	513	566	16	213	56	7	29	27	82	52	26	79	4	28	73	68	54	64	75	199	54	17	2	9,319
Aberdare Urban ..	129	54	102	13	5	19	49	2	18	3	–	–	3	5	–	6	5	–	3	4	6	3	3	2	8	2	2	–	575
Mountain Ash Urban ..	70	10	43	15	5	22	31	1	11	2	2	–	–	3	4	1	5	–	1	4	5	5	1	2	3	2	–	–	355
Caerphilly Urban ..	103	12	43	10	9	24	34	1	16	3	–	2	4	3	–	–	2	–	2	4	4	6	5	1	9	1	–	–	405
Gelligaer Urban	104	11	57	26	8	10	30	–	16	1	–	1	1	9	1	1	2	–	–	7	2	2	2	5	10	1	–	–	418
Bridgend Urban ..	57	6	22	10	1	19	7	1	3	–	–	1	–	1	2	–	4	–	1	1	3	1	–	3	5	2	1	–	204
Maesteg Urban	68	17	26	8	10	15	23	1	4	4	–	1	–	–	4	–	3	–	–	2	4	2	1	2	8	–	–	–	271
Ogmore and Garw Urban	92	9	41	9	5	18	18	–	8	1	1	2	–	2	2	1	1	–	1	2	3	4	–	1	8	1	–	–	305
Porthcawl Urban ..	56	10	40	8	4	13	6	–	1	–	–	1	–	3	2	–	7	–	–	1	–	3	1	3	2	1	1	–	216
Penybont Rural ..	200	17	85	21	22	82	20	2	6	1	–	3	–	3	7	1	11	–	–	6	3	–	2	8	9	5	2	–	656
Neath Borough	100	20	49	16	4	24	31	1	8	3	–	1	1	1	2	2	4	–	2	1	1	1	–	1	13	1	3	–	396
Neath Rural	141	17	95	34	6	30	16	1	19	5	–	2	2	6	1	2	4	1	–	2	3	5	2	3	10	4	–	1	534
Llantrisant and Llantwit Fardre Rural ..	74	6	51	9	5	13	17	–	5	5	1	1	1	1	1	2	2	–	1	2	4	3	–	5	10	–	–	1	306
Pontypridd Urban ..	109	29	73	16	4	20	26	–	11	3	1	–	4	3	1	4	4	1	1	6	4	3	7	2	6	4	2	–	456
Glyncorrwg Urban ..	32	6	9	5	–	11	9	–	6	1	–	–	1	–	–	–	1	–	–	2	–	–	2	1	2	1	–	–	115
Port Talbot Borough ..	146	21	87	18	6	30	45	2	10	3	–	5	1	3	5	2	5	–	1	7	8	2	2	6	23	4	2	–	570
Barry Borough	155	12	66	18	5	30	19	–	6	3	1	1	1	6	3	–	4	–	–	3	5	1	2	3	9	3	–	–	503
Cardiff Rural	91	7	48	18	3	15	17	–	5	–	–	1	–	4	–	–	–	–	–	–	2	1	2	4	7	5	–	–	304
Cowbridge Borough ..	7	1	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	–	–	–	–	–	22
Cowbridge Rural ..	41	7	26	5	5	9	5	–	2	1	–	–	–	4	3	–	–	–	1	4	3	1	1	8	3	2	1	–	177
Penarth Urban	79	3	43	12	5	10	14	1	1	1	–	2	–	5	2	2	3	–	2	1	–	–	4	1	5	3	–	–	271
Gower Rural	44	19	23	9	3	8	10	1	1	4	1	–	1	3	1	–	–	–	–	–	–	–	4	–	5	1	–	–	187
Llwchwr Urban	95	17	49	14	3	17	17	–	5	–	–	–	1	4	5	–	–	1	2	5	1	–	9	3	3	1	–	–	329
Pontardawe Rural ..	123	16	53	17	6	21	30	–	14	3	–	4	–	3	2	–	–	–	3	–	1	3	–	1	10	4	–	–	436
Rhondda Borough ..	336	63	208	38	17	53	92	2	37	9	–	1	6	10	4	2	12	1	7	8	5	8	13	10	31	6	3	–	1,308

TABLE 82

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1970

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Total all ages	
					1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Enteritis and other Diarrhoeal Diseases	–	–	3	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	4	2	
Tuberculosis of Respiratory System	–	–	–	–	–	–	–	–	–	1	–	–	–	–	3	1	8	2	16	1	5	2	32	7
Late Effects of Respiratory Tuberculosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	2	–	2	2	5
Other Tuberculosis	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	1	2	–	1	4	4
Meningococcal Infection	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Syphilis and its Sequelae	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	1	1
Other Infective and Parasitic Diseases	–	–	1	–	2	–	2	–	1	1	–	–	–	–	1	–	1	4	1	1	–	3	9	9
Malignant Neoplasm, Buccal Cavity, etc.	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	3	5	4	2	5	3	4	11	16
Malignant Neoplasm, Oesophagus	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	9	2	9	7	6	7	25	19
Malignant Neoplasm, Stomach	–	–	–	–	–	–	–	–	–	–	–	2	4	1	9	9	45	19	54	45	31	43	143	119
Malignant Neoplasm, Intestine	–	–	–	–	–	–	–	–	–	1	–	1	5	3	16	5	16	25	41	44	30	46	108	125
Malignant Neoplasm, Larynx	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	4	1	1	–	8	1
Malignant Neoplasm, Lung, Bronchus	–	–	–	–	–	–	–	–	1	–	–	–	10	5	33	8	100	16	129	8	46	13	319	50
Malignant Neoplasm, Breast	–	–	–	–	–	–	–	–	–	–	–	1	–	10	–	36	–	36	–	36	2	37	2	156
Malignant Neoplasm, Uterus	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	19	–	21	–	13	–	12	–	67
Malignant Neoplasm, Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	5	–	24	–	24	–	54	–
Leukaemia	–	–	1	–	–	–	–	–	2	–	–	–	1	–	2	–	3	7	8	5	4	6	21	18
Other Malignant Neoplasms	–	–	–	–	2	1	3	–	6	4	5	1	11	5	18	17	47	36	59	71	35	44	186	179
Benign and Unspecified Neoplasms	–	–	–	–	–	–	–	–	–	1	–	–	–	1	4	4	3	2	4	1	3	1	14	10
Diabetes Mellitus	–	–	–	–	–	–	–	1	1	–	–	2	1	1	–	1	5	7	9	22	8	21	24	55
Avitaminoses, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	2	1	3
Other Endocrine, etc., Diseases	3	1	1	–	–	–	–	–	1	–	–	–	2	1	2	5	3	5	1	3	2	5	15	20
Anaemias	–	–	–	–	–	2	–	–	2	–	–	–	–	–	–	2	2	1	1	8	7	13	12	26
Other Diseases of Blood, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	4	3	4	
Mental Disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	2	1	5	5	9	7
Meningitits	2	2	3	1	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	1	–	–	7	4
Multiple Sclerosis	–	–	–	–	–	–	–	–	–	–	–	–	1	1	3	1	2	3	–	2	–	–	6	7
Other Diseases of Nervous System	–	–	2	1	1	1	2	1	–	–	–	1	3	1	–	1	9	5	3	11	9	15	29	37
Chronic Rheumatic Heart Disease	–	–	–	–	–	–	–	–	1	1	2	–	2	8	13	19	18	19	17	16	6	9	59	72
Hypertensive Disease	–	–	–	–	–	–	–	–	–	–	–	–	2	2	12	3	22	14	38	31	28	55	102	105
Ischaemic Heart Disease	–	–	–	–	–	–	–	–	2	–	3	1	29	9	158	30	376	139	509	315	359	522	1,436	1,016
Other Forms of Heart Disease	–	–	–	–	–	–	–	–	–	–	–	2	1	1	5	5	20	16	47	48	92	153	165	225
Cerebrovascular Disease	–	1	–	–	–	–	–	–	1	1	2	2	5	10	36	30	96	74	201	199	219	467	560	784
Other Diseases of Circulatory System	–	1	–	–	–	–	–	–	–	1	–	–	3	4	4	4	34	12	43	43	75	125	159	190
Influenza	–	–	–	–	–	–	–	–	1	–	1	–	2	2	5	2	22	10	32	19	21	24	84	57
Pneumonia	5	2	3	9	1	1	1	1	–	1	–	1	2	3	7	6	25	17	60	62	124	182	228	285
Bronchitis and Emphysema	–	–	1	–	–	–	–	–	1	–	–	–	1	–	16	6	95	25	190	39	154	38	458	108
Asthma	–	–	–	–	–	1	–	1	–	–	–	–	1	–	1	4	–	–	2	4	1	1	5	11
Other Diseases of Respiratory System	2	1	7	10	–	1	–	–	–	–	1	1	4	–	4	2	35	9	57	6	53	20	163	50
Peptic Ulcer	–	–	–	–	1	–	–	–	–	–	–	–	1	–	4	1	5	2	15	10	7	10	33	23
Appendicitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	3	–	5	2
Intestinal Obstruction and Hernia	2	2	–	1	–	–	–	–	–	–	–	–	–	–	1	1	2	1	1	5	5	8	11	18
Cirrhosis of Liver	–	–	–	–	–	–	–	–	–	1	–	–	–	1	5	2	4	3	6	4	–	1	15	12
Other Diseases of Digestive System	–	2	–	–	–	–	–	–	–	–	–	1	2	–	2	1	6	7	6	15	15	25	31	51
Nephritis and Nephrosis	–	–	–	–	–	–	1	–	–	1	1	2	2	–	7	1	4	6	5	11	3	8	23	29
Hyperplasia of Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	6	–	18	–	26	–
Other Diseases, Genito-Urinary System	1	1	1	–	–	–	–	–	–	–	1	–	–	–	3	4	6	4	13	5	17	23	42	37
Other Complications of Pregnancy, etc.	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2
Diseases of Skin, Subcutaneous Tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	1	1	3
Diseases of Musculo-Skeletal System	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	1	4	6	1	13	7	21
Congenital Anomalies	16	12	9	11	6	2	2	2	1	2	–	–	–	–	1	2	2	3	2	–	–	–	39	34
Birth Injury, Difficult Labour, etc.	41	27	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	41	27
Other Causes of Perinatal Mortality	34	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	34	20
Symptoms and Ill-Defined Conditions	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	2	1	11	45	16	48
Motor Vehicle Accidents	–	–	–	–	1	–	3	3	15	5	5	1	6	–	8	3	4	2	2	7	9	1	53	22
All Other Accidents	–	2	3	2	8	1	4	1	6	2	13	–	9	2	15	3	9	4	10	21	20	64	97	102
Suicide and Self-Inflicted Injuries	–	–	–	–	–	–	–	–	2	–	8	1	3	2	5	6	6	5	5	2	6	3	35	19
All other External Causes	–	–	2	–	1	–	–	1	–	1	2	–	3	1	1	1	2	–	1	1	–	–	12	5
Total All Causes	106	74	39	36	23	10	19	11	44	25	45	21	117	78	408	254	1,073	571	1,645	1,165	1,471	2,084	4,990	4,329

GLAMORGAN COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

TABLE S.1

GENERAL STATISTICS

Population of the Administrative County 749,760

Numbers of schools and numbers of pupils on the registers, January, 1971:

Type of school	*Number of schools*	*Number of pupils on the register*
Nursery	10	449
Primary	439	86,524
Secondary Technical	—	—
Secondary Modern	50	18,593
Secondary Grammar	20	11,182
Grammar Technical	5	2,892
Comprehensive	16	19,251
Special Schools	7	653
	547	139,544

Staff employed in the School Health Service on 31st December, 1970:

Designation	*Numbers in terms of Whole-time Officers*
Medical Officers	17
Dental Officers	24
Dental Auxiliaries	5
School Nurses	33

SCHOOL MEDICAL INSPECTION

Most Glamorgan school children enjoy satisfactory health. Of the 23,192 children seen at routine examinations only twenty-three were of unsatisfactory physical condition. The improvement in the health of schoolchildren is due to the more vigorous practice of immunisation, general advances in medicine, better care provided by the maternity and child welfare and school health service, and improvements in diet and hygiene resulting from a rise in the standard of living.

With the whole structure of the health services about to be reshaped in the not too distant future, the vast amount of preventive work undertaken by the school health service must be borne in mind.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE S.2

PERIODIC MEDICAL INSPECTIONS

(I) SUMMARY IN AGE GROUPS

Age groups inspected (by years of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
(1)	(2)	No. (3)	No. (4)
1966 and later	7,096	7,095	1
1965	5,792	5,786	6
1964	2,440	2,338	2
1963	500	500	—
1962	220	220	—
1961	174	174	—
1960	134	134	—
1959	84	84	—
1958	68	68	—
1957	1,137	1,137	—
1956	2,911	2,902	9
1955 and earlier	2,636	2,631	5
Total	23,192	23,069	23
		Column 3 total as percentage of column 2. Total = 99·47	Column 4 total as percentage of column 2. Total = 0·11

TABLE S.2—PERIODIC MEDICAL INSPECTIONS—*continued*

(II) SUMMARY IN DIVISIONS

Division	No. of pupils inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
(1)	(2)	No. (3)	No. (4)
Aberdare and Mountain Ash ..	3,722	3,722	—
Caerphilly and Gelligaer ..	2,295	2,295	—
Mid-Glamorgan	3,170	3,170	—
Neath and District	2,340	2,340	—
Pontypridd and Llantrisant ..	2,172	2,151	21
Port Talbot and Glyncorrwg ..	1,965	1,964	1
South-East Glamorgan	3,469	3,468	1
West Glamorgan	1,566	1,566	—
Rhondda	2,493	2,493	—
Total	23,192	23,169	23

TABLE S.3—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

(1) Summary in Age Groups

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1966 and later	93	717	733
1965	78	468	513
1964	31	198	211
1963	15	53	65
1962	10	26	35
1961	3	10	13
1960	4	8	12
1959	4	7	11
1958	3	5	7
1957	70	65	124
1956	83	129	201
1955 and earlier	99	143	234
Total	493	1,829	2,159

TABLE S.3—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS—*continued*

(II) Summary in Divisions

Division (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
Aberdare and Mountain Ash	59	355	330
Caerphilly and Gelligaer	40	205	225
Mid-Glamorgan	34	107	136
Neath and District	75	334	409
Pontypridd and Llantrisant	6	144	147
Port Talbot and Glyncorrwg	93	98	191
South-East Glamorgan	146	417	518
West Glamorgan	38	77	119
Rhondda	2	92	84
Total	493	1,829	2,159

TABLE S.4

OTHER INSPECTIONS

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	1,197	1,410	2,607
Caerphilly and Gelligaer	207	3,174	3,381
Mid-Glamorgan	1,796	849	2,645
Neath and District	266	590	856
Pontypridd and Llantrisant	769	700	1,469
Port Talbot and Glyncorrwg	532	1,979	2,511
South-East Glamorgan	504	615	1,119
West Glamorgan	449	743	1,192
Rhondda	1,226	475	1,701
Total	6,946	10,535	17,481

The following statistics give an indication of the work of the Department during the past ten years :

TABLE S.5

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1960-70

	1960	1965	1969	1970
A. MEDICAL INSPECTION				
(i) Routine examinations ..	37,135	21,765	22,024	23,192
(ii) Special examinations	3,905	7,968	6,850	6,946
(iii) Re-examinations	14,072	14,638	10,379	10,535
Totals	55,112	44,371	39,253	40,673
B. DENTAL INSPECTION				
(i) No. of children inspected by school dentists	26,265	30,118	45,724	47,155
C. TREATMENT				
(i) No. of treatment centres ..	60	70	77	81
(ii) Attendances at school clinics :				
(*a*) Dental	47,089	49,680	45,867	53,379
(*b*) Refraction	10,670	15,420	9,411	9,297
(*c*) Orthopaedic	14,739	11,551	6,521	9,662
(*d*) Minor ailments ..	4,696	2,492	—	—
(*e*) Speech therapy	7,024	6,644	9,721	8,874
Totals	84,218	82,787	71,520	81,212
(iii) Treatment :				
(*a*) No. of teeth extracted ..	26,359	21,599	18,004	17,993
(*b*) No. of fillings	12,935	31,832	38,231	45,165
(*c*) No. of teeth filled ..	—	26,932	33,836	38,898
D. SCHOOL NURSES				
(i) No. of examinations of children at school for uncleanliness	252,329	203,853	154,247	181,074
(ii) No. of re-examinations ..	12,205	18,934	2,558	6,109
(iii) No. of visits paid to homes ..	12,015	8,212	4,610	6,124

INFESTATION WITH VERMIN

181,074 examinations were carried out by school nurses and 3,951 children were found to have nits in their hair. 0·15 per cent of boys and 0·27 per cent of girls were infested. This was a slight improvement on the previous year.

6,124 visits were made by nurses to the homes of parents so that advice could be given on personal cleanliness.

Diseases of Skin

169 children at periodic medical inspections were noted as requiring treatment for skin disease. At special inspections fifty-six children were in need of treatment.

Table S.6

Children Found to be Suffering from Skin Diseases

Defect or Disease	Periodic Inspections				Special inspection
	Entrants	Leavers	Others	Total	
Skin—requiring treatment ..	91	63	15	169	56
requiring observation..	450	121	25	596	115

Milk and Meals in School

11,306 children or 8·1 per cent. of the school population receive free meals. This is an indication of the level of poverty in the county. Meals for these children are essential in ensuring that they are provided with enough protein and calcium in their diet.

Table S.7

Mid-day Meals Served in Schools on a Selected Day in Each Year

Year	No. of children in attendance	No. of midday meals served	% of children in attendance taking meals
1966 ..	123,490	72,088	58
1967 ..	119,534	71,423	60
1968 ..	120,253	73,850	61
1969 ..	123,289	73,782	60
1970 ..	125,200	72,157	57

Table S.8

Summary of Return made to the Department of Education and Science, 30th September, 1970

Health Division	No. of pupils present	No. of pupils taking meals	No. of pupils taking milk	Percentage of school population receiving meals	Percentage of school population receiving free meals
Aberdare and Mountain Ash ..	10,662	5,769	6,363	50	11
Caerphilly and Gelligaer ..	14,009	10,049	8,340	71	15
Mid-Glamorgan	20,313	13,842	11,964	73	8
Neath and District	10,215	6,174	5,801	60	7
Pontypridd and Llantrisant ..	14,020	7,331	7,654	52	7
Port Talbot and Glyncorrwg ..	11,289	4,874	6,112	43	7
South-East Glamorgan	17,720	10,880	10,189	61	6
West Glamorgan	11,066	7,864	6,228	71	6
Rhondda	15,477	4,981	8,842	32	11
Special schools and Ogmore School Camp	393	393	393	—	—
Totals	125,164	72,157	71,886	57	9

HANDICAPPED PUPILS

As was emphasised by The Gittins Report on Primary Education in Wales, in any discussion on primary education some place must be given to the education of the handicapped and the slow learning child, because the primary school will always have children who are on the borderline of, or overlap with children who have been placed in a special school and will contain a majority of all handicapped children with learning difficulties. Children with severe handicaps, which require special equipment, staffing, teaching methods or medical and social care will normally need to be in a special school which provides the necessary specialised environment. However, the principle underlying special education is that handicapped children should remain, or be helped to become as far as possible, members of the normal community. For this reason they should, if at all possible remain in their own homes and be educated in an ordinary school.

It has been stated that the child with severe handicaps, marked mental retardation or severe learning difficulties usually requires the special environment of a special school. Nevertheless, there are no special criteria which determine the suitability of a handicapped child for either a special or ordinary school. The type and complexity of his disability, the presence of additional handicaps, the child's personality and intellectual level, parental attitudes to the child and his handicap, the attitude and understanding of teachers and the suitability of premises and facilities available to the school, all these must be considered. The ordinary school and special education must be seen as a continuation of provision, adjusted to the child's needs rather than as separate systems. There must be close liaison and mutual understanding between all those who are concerned with the child: his parents, child health services, the school health and general health services and school.

BLIND AND PARTIALLY SIGHTED PUPILS

(Blind pupils, that is to say pupils who have no sight or whose sight is or is not likely to become so defective that they require education by methods not involving the use of sight.)

(Partially Sighted pupils, that is to say pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

The handicaps imposed by total blindness are so apparent that they need not be elaborated. It is readily appreciated that the inability to see print or diagrams or maps is a formidable obstacle to education and that the inability to see objects in the environment renders movement and action so difficult and even dangerous that many kinds of work are impossible. In short, blindness imposes the most serious handicaps on education and on the pursuits of normal life.

Pupils who fall into the partially sighted category are those who are able to see but whose vision even with spectacles is poor by normal standards. They are seriously handicapped in the classroom in a number of ways. They may fail to perceive nuances of meaning which are communicated by facial expression rather than words. Although some of them can read ordinary print (they may require to keep the page very close to their eyes) others can read only print which has been slightly enlarged and a few can read only when the print is really large. What has been said concerning reading also applies to writing and to the use of atlas maps or printed diagrams. Further the teacher cannot make the same use of a blackboard or wall illustrations or of a projector as he would in an ordinary class; thus all school subjects involving vision present special problems for the teacher and pupil.

Children who may be blind or partially sighted have their handicaps diagnosed at infant welfare clinics or on entry to school. They are referred to an ophthalmologist and are also seen by Dr. Gwladys Evans, the former senior medical officer, who has specialised in this field and is engaged on a sessional basis following her retirement. The children are also examined for any additional handicaps and one of the educational psychologists may be called in to assist if there are emotional or retardation problems.

Table S.9

Children Found to be Suffering from Visual Defects

Defect or Disease	Periodic Inspections				Special Inspections
	Entrants	Leavers	Others	Total	
Eyes : Vision—requiring treatment ..	213	247	33	493	83
requiring observation ..	574	235	49	858	100
Squint—requiring treatment ..	149	11	26	186	27
requiring observation	215	12	18	245	68
Other—requiring treatment ..	21	9	3	33	4
requiring observation	73	21	7	101	25

Table S.10

Partially Sighted Pupils Receiving Special Education

	Day Pupils		Residential Pupils	
	Boys	Girls	Boys	Girls
St. Helen's Day School, Swansea	1	–	–	–
Glamorgan Residential School	6	1	24	10
Royal College, Worcester	–	–	1	–
Sunshine Home, Southerndown	–	–	1	–
Chorleywood College, Herts.	–	–	–	1

Table S.11

Blind Pupils Receiving Special Education

	Day Pupils		Residential Pupils	
	Boys	Girls	Boys	Girls
Glamorgan Residential School	2	3	6	8
Chorleywood College, Herts	–	–	–	2
Royal College, Worcester	–	–	1	–
Royal Normal, Shrewsbury	–	–	3	2
Sunshine Home, Southerndown	–	–	1	–
Queen Alexandra College, Birmingham ..	–	–	1	1

Report of Mr. G. Exley, Headmaster, Ysgol Penybont, Glamorgan School for Visually Handicapped Pupils.

The number of pupils in the school in 1970 was 110. There were eighteen new entrants during the course of the year; a higher than average new intake.

Analysis of the pupils in the school during the period shows:

TABLE S.12

PUPILS AT YSGOL PENYBONT

Blind category senior girls	6
Blind category junior girls	22
Partially sighted senior girls	8
Partially sighted junior girls	5
Total girls	41
Blind category senior boys	10
Blind category junior boys	23
Partially sighted senior boys	16
Partially sighted junior boys	20
Total boys	69

As during the previous twelve months period the number of pupils needing to be educated by methods involving the use of the braille medium substantially outnumbered those able to read print. The actual figures were:

Pupils using Braille methods	61
Pupils using print	49

The distribution of the childrens homes continues to be wide. Predominantly, though, the school recruits from the Principality.

Source of pupils	21 from English counties
	94 from Welsh counties
General distribution:—	
South Wales	86 pupils
North Wales	5 pupils
Mid-England	4 pupils
South West England	15 pupils

Roughly the same number of pupils reside at home as in 1969. At the end of 1970 a total of twelve pupils were conveyed daily to school. One pupil lives a few yards from the school gate.

Children who are non-resident attend well and mix readily with resident pupils.

Where new or prospective entrants are concerned the new practice of inviting a parent and her child to stay for at least a day, and preferable longer, and whenever possible overnight, continues and is proving useful to all concerned.

A very high percentage of the pupils go home each weekend. Only those from very distant homes, such as children from Lleyn and Anglesey and the south coast of England, go home for holidays only.

There remains a very wide range of vision among the pupils:—

TABLE S.13

BLIND PUPILS AT YSGOL PENYBONT

Number of pupils totally blind	19
Number of pupils with only "perception of light"	9
Number of pupils with vision more than "perception of light" but below 4/60	20
Number of pupils with 4/60 to 6/60 (including) vision	22
Highest visual acuity in the school	6/12

The range of mental ability is almost equally wide. One pupil during this period proved too difficult, however, and was transferred.

Recent pupils admitted to the school have tended to be more severely or doubly handicapped than in past years. A larger proportion of the children with partial vision being referred, are children with multiple defects who have failed very noticeably in the ordinary school and need particular care. The school's educational psychologist cannot spend a sufficient amount of time at the school at the present time.

The school is somewhat overloaded at the kindergarten stage. Two new nursery assistants are now employed and a new prefabricated classroom has been added for the younger pupils.

Several members of staff who have served the school very faithfully and well for very long periods—one has served during 39 years—are now retiring. New members of staff are studying for the Diploma of the College of Teachers of the Blind. During the year one male member of staff was detached to take a one year course in the education of handicapped children at the Swansea University. A teacher from Ghana was successfully trained during the year for work with blind children in his own country.

Several housemothers have attended courses to improve their knowledge and efficiency. Students from the County's Preliminary Child Care Course have visited and done practical work at the school.

Several pupils were again successful in obtaining very satisfactory results in C.S.E. examinations. Three girls were transferred to Chorleywood College, three boys transferred to Worcester College and one partially sighted girl was transferred to Exhall Grange School to follow an academic course. One girl attends the local Bridgend Grammar School for Girls to take a part-time academic course. Several pupils were successful in obtaining certificates of the Swimming Association.

Excursions made by the pupils during the year included visits to the School of Agriculture, Cardiff Assizes, Gilbert & Sullivan operattas and the Q.E.2 in dock at Southampton. Pupils were successful in many events at the Inter-Blind Schools Swimming Gala at Worcester.

Police Cadets and students from Atlantic College play a useful part in assisting the children in their out of school activities.

Very many groups have visited the school during the year; these have included Orthopaedic Students, Birmingham University Students, Glamorgan Medical Officers, Health Visitors and teachers of Mentally Handicapped pupils amongst others.

The specialist Placement Officer for Handicapped Children visits the school regularly and makes a valuable contribution to the placement of school leavers, and the home contacts made by the school's Social Worker are of increasing value to the happy settlement and progress of the children within the school.

DEAF AND PARTIALLY HEARING PUPILS

(Deaf pupils, that is to say pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.)

(Partially hearing pupils that is to say pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

A child born with a substantial hearing loss or suffering such a loss before the age at which speech and language are normally acquired needs very special attention and treatment at the earliest possible moment. The severity of his linguistic handicap will be aggravated if the impairment of hearing is not discovered at an early stage.

When it is suspected that a baby has impaired hearing it is not possible to measure his hearing loss accurately. Instead a number of simple tests are carried out by doctors and health visitors to assess the response to voice and other sounds of different pitch and intensity. When he is a little older, at the age when children with normal hearing begin to respond to spoken language, his capacity for response to this can be tested.

One of the means by which hearing loss may be measured is by pure tone audiometry. A pure tone audiometer is an instrument producing sounds, which have no overtones, throughout a range of frequencies and intensities. In this way it is possible to measure the intensity of sound required to be audible to the person being tested.

Since their introduction in 1962, the auditory or audiometric assessment clinics have now become firmly established in each health division. The majority of children attending have been referred from the routine vision and hearing testing carried out in the junior schools and the remainder by direct referral from the school medical officer, the head teachers, health visitors and parents. In a number of cases, as mentioned above, children will be referred well before they are due to start school.

In each health division one of the school medical officers has been trained in the assessment of deaf children and maintains a close link with the specialist teachers of the deaf and in this way each child is considered as an individual and the full medical and educational needs are assessed before a recommendation is made concerning the appropriate educational training.

Table S.13

Pupils Found to be Suffering from Defects of the Ear

Defect or Disease	Periodic Inspections				Special Inspections
	Entrants	Leavers	Others	Total	
Ears : Hearing—requiring treatment ..	138	28	48	214	148
requiring observation ..	448	69	34	551	979
Otitis Media—requiring treatment	38	3	8	49	34
requiring observation	279	27	17	323	108
Other—requiring treatment ..	5	1	4	10	29
requiring observation ..	62	5	2	69	75
Nose and Throat—requiring treatment ..	187	33	33	253	269
requiring observation	1,760	120	90	1,970	420

Table S.14

Education of Deaf Children

Name of School	Boys	Girls
Day Provision other than at Special Classes		
Whitchurch Nursery	–	2
Boarding Provision		
Whitchurch Nursery	3	6
Llandrindod Wells	6	6
Burwood Park, Walton on Thames ..	–	–
Total	9	14

TABLE S.15

EDUCATION OF PARTIAL HEARING CHILDREN

Name of School	Boys	Girls
Boarding Provision		
Whitchurch Nursery	3	–
Llandrindod Wells	–	–
Mary Hare Grammar School, Berks. ..	–	1
Total	3	1

ASCERTAINMENT OF CHILDREN WITH DEFECTIVE HEARING

Report by Dr. D. W. Foster, Divisional Medical Officer, Pontypridd and Llantrisant Division.

During the year school medical officers tested 776 children in Junior Schools (aged 9—10 years) and 60 (7·7 per cent) hearing defects were found.

In Secondary Schools 735 children (aged 12—13 years) were examined and 51 (6.9 per cent) defects found.

A clinic nurse trained in the use of the audiometer carried out a survey of six-year-olds, and sweep tested 891 children of this age and referred 108 (12.1 per cent) for further testing.

All the children mentioned above in whom defects were found were referred to our Hearing Assessment Clinics, of which details follow:

No. of sessions held	151*
No. of children assessed	543
No. of attendances	874

*includes 16 joint sessions with Peripatetic Teacher of Deaf.

Of the 543 children assessed, 104 were referred to an Otologist.

Cases seen at the clinic were referred from the following sources:

(1) Routine hearing tests administered by H.V.'s at home, and at I.W. Clinics.

(2) Hearing surveys in schools.

(3) Children found to be educationally backward by the Education Psychologist's survey.

(4) Children classified as E.S.N. or examined for this purpose by A.M.O.'s.

(5) School M.I.'s.

(6) General practitioners.

The very good liaison already established with the Teacher of the Deaf for the area has continued.

AUDIOMETRIC CLINICS—1970

Report by Dr. J. McKim Thomas, Medical Officer, South-East Glamorgan Division.

These clinics were held in 1970 at the same centres as in previous years namely: Barry, Penarth, Llantwit Major, Llanharry and occasional visits to Whitchurch Clinic (by arrangement with Cardiff City Health Department).

Pre-school children are seen by referral from clinic doctors, general practitioners, health visitors and the parents themselves on account of suspected deafness or because of defective or slow speech development.

Screening of school children during their sixth year has been continuing and has increased the number of new referral cases. Those who fail the initial screening test are re-tested one month later, since a number of these children are subject to catarrhal bouts, particularly within the first eighteen months to two years of school entry. At the end of one month, improvement is frequently found. Should this not be so, they are referred for more detailed history and testing. Mrs. Rees, a clinic nurse has attended a special course at Manchester University and is responsible for testing the children at school. Particular care is taken to make sure that the children in remedial sections are also tested.

At the Audiometric Clinics, depending on the history and clinical examination the child may be:

(1) Referred for further examination at the Department of Audiology.

(2) If found to be partially hearing referred, in addition to (1) for a joint appointment with the Advisory Teacher of the Deaf, who is able to ascertain the school progress and evaluate the need, if required, for support teaching.

(3) Given general advice regarding the management of catarrhal episodes and a period of observation given.

No. of new appointments	294
Appointments sent	974
Appointments kept	671
No. referred to Dept. of Audiology..	8 school/2 pre-school
No. referred for E.N.T. appointment	6
No. referred for joint appointment	16

The special classes for the partially hearing exist at:

(1) Barry Island School—for infants.

(2) Jenner Park School—for the juniors.

(3) Penarth (St. Cyres) Comprehensive School.

(4) Children already at the Barry Secondary level schools prior to the Penarth Unit being established, are remaining in their present schools and are advised and supported by the Peripatetic Teacher.

Children from the Llanharry area are integrated into the Mid-Glamorgan system for partially hearing children.

As the partially hearing child becomes older, it is found that the time required for support teaching usually lessens and the aim is to integrate them into an ordinary class as far as possible. The number of sessions per week with the teacher of the partially hearing is adjusted according to the individual's needs.

Below is given a list indicating the distribution of partially hearing children:

Table S.16

Partially Hearing Children in the South-East Glamorgan Health Division

Barry Island P.H.U.	7
Jenner Park School P.H.U.	5
Maes Dyfan School (children attending sessions at Jenner Park School P.H.U.)	3
Barry Boys (seen by Peripatetic teacher)	4
Barry Girls (seen by Peripatetic teacher)	1
Penarth Comprehensive (St. Cyres)	8
Erw'r Delyn (Handicapped) School	2
Mid-Glamorgan P.H.U.	4
Llantwit Major (Secondary)	1

At present there are two pre-school children receiving help.

Report by Mrs. P. M. Coxhead, Head Teacher, Glamorgan Residential Nursery School for the Deaf, Whitchurch.

Table S.17

Pupils at Glamorgan Nursery School for the Deaf

Number on roll—36

Age range 3—9 years

Areas from which children were drawn:

	Boarders	*Day Pupils*
Glamorgan	10	2
Rhondda	5	—
Carmarthenshire	2	—
Breconshire	4	—
Swansea	2	—
Somerset	1	—
Cardiff	—	9
Monmouthshire	1	—
	25	11

Pre-school and referrals — 3 Glamorgan, 3 Cardiff, 2 Carmarthenshire

Number of boys—16, girls—20

Ages of children were as follows:

7—3 year olds
7—4 year olds
8—5 year olds
5—6 year olds
5—7 year olds
3—8 year olds
1—9 year olds

Transfers

Three children have been transferred during this year. Deafness was questioned in the case of two of the children, and it was considered lack of hearing was not the main reason for lack of communication. The third child was only here for one year, and then transferred to a Partially Hearing Unit.

We now have six classes in the school, and a large extension is being built, providing a further two classrooms and dormitory accommodation.

During the year, our ten oldest pupils started swimming lessons, the qualified swimming instructor being the parent of one of the children. These were very successful, and a favourite lesson with the children.

Five of our girls now attend a local Brownie pack, and this venture is very successful.

EDUCATIONALLY SUBNORMAL PUPILS

(That is to say pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution, for the education normally given in ordinary schools.)

Although divisional medical officers have records of youg children who are "at risk" of mental retardation, in most instances educationally subnormal children are referred by head teachers to educational psychologists who, in addition, undertake screening tests of children aged 8 years. Children so referred are medically examined to see if they suffer from impaired vision or hearing which could account for below average performance in school.

The term educationally subnormal has a wide and flexible range of meaning. It includes all those who are obviously failing to make progress in school at the pace and level expected of their age and maturity level. It can include children covering a wide range of intellectual ability and failing for a variety of reasons.

An educationally subnormal child, in addition to having a low level of mental endowment often suffers from the major disadvantages of poor social and home circumstances. Slow learners tend to come from a family with low social-economic status and poor educational background, a large family, one which is broken in some way, or failing to function effectively as a social or emotional unit.

TABLE S.18

EDUCATIONALLY SUBNORMAL PUPILS ATTENDING SPECIAL DAY SCHOOLS

School	Boys	Girls
Ysgol Maes Dyfan, Barry ..	50	27
Ysgol Maesgwyn, Aberdare ..	51	28
Total	101	55

Table S.20

Educationally Subnormal Pupils Attending Boarding Schools

	Boys	Girls
Ysgol Hendre	78	—
Ysgol Cefn Glas	—	59
Pontville Roman Catholic, Lancs.	1	—
Total	79	59

Report by Miss E. I. Sharkey, Headmistress, Ysgol Cefn Glas, Glamorgan Residental School for Girls, Bridgend.

Number on roll 76
Age Range 8—16 years

Table S.21

Ages of Admissions in 1970

Years
8 = 2
10 = 2
11 = 1
12 = 2
13 = 1

I must repeat that it is much more satisfactory for a pupil to be admitted to this school around the age of eight rather than defer entry till eleven or twelve. Early entry gives the child a chance to benefit from the longest possible period of individual attention.

Table S.22

Areas from which Children are Drawn

Glamorgan	
Aberdare and Mountain Ash Division	1
Caerphilly and Gelligaer Division	8
Mid-Glamorgan Division	32
Neath Division	5
Pontypridd and Llantrisant Division	5
Port Talbot and Glyncorrwg Division	1
South East Glamorgan Division	2
West Glamorgan Division	—
Rhondda	4
Monmouthshire	18
	76

Additional Handicaps

As well as the main handicap, we have several children who have additional handicaps such as Epilepsy, Speech Defects and a certain degree of maladjustment.

Leavers' Programme

The girls in the leavers' group follow a special programme to equip them for the problems and situations they will meet when they leave school. They make many industrial visits and the school minibus is of great value in helping us to arrange these.

TABLE S.23

SUBSEQUENT HISTORY OF PUPILS WHO HAVE LEFT AFTER REACHING THE STATUTORY AGE OF 16 UP TO AND INCLUDING 1970

Number of pupils who have left aged 16	54
Number of pupils who have found employment	36
(Factories, private schools, private hotels, one at hairdressing, one working with children)	
Number at Adult Training Centres	14
Number at home	4

Links with Home

We have had two Open Days as usual this year with a good attendance of parents on each occasion.

The numbers of those going home for weekends continues to rise and now averages about 35 each weekend. For those who cannot go home at weekends, there are plenty of outings and visits arranged to compensate.

Outdoor Activities

We are still making use of the nearness of the sea on summer weekends and we now use the swimming pool at Ysgol Penybont.

This year we had a very successful Sports Day and the standard of performance in many events was very high.

Social Occasions and Leisure Activities

These have continued as usual. A number of enthusiasts attend the local branch of the St. John's Ambulance Brigade.

In August a party of seven senior girls went on a week's holiday to Southsea with two of the Child Care staff.

Report by Mr. O. G. Roberts, Headmaster, Ysgol Hendre Bryncoch, Glamorgan Residential School for Boys, Neath.

The year 1970 was a sad one in the history of Hendre School, due to the very sudden death on 2nd April, of Mr. W. P. Bourne, the Headmaster.

Mr. H. A. Davies, Assistant Teacher, successfully completed the One Year Course in Special Education at Swansea University and Mrs. B. M. Moses Assistant Teacher, was seconded to attend the course starting in September 1970.

During the year there were ten resident pupils and five day pupils admitted, four of the resident pupils came from the Bridgend area, three from Pontypridd, one from Hengoed, one from Penrhiwceiber and one from another authority, namely Gloucester.

Some thirty-five boys have left the school since the transfer from Hendre, Monmouth. The following was the latest information received:

TABLE S.24

YSGOL HENDRE BRYNCOCH LEAVERS

Leavers considered unemployable when they left school	10
Referred to Mental Health Department	6
No information received	5
Entered employment	16
Never been in employment	4

The leavers entered semi- or unskilled employment, i.e. factory work or labouring. In some of the cases there were a number of job changes, which is often the case with the less able boy. Also in some cases they do not receive adequate help and support from the home. In future, it is hoped that certain boys may be able to spend some time at the Industrial Rehabilitation Unit, Port Talbot so that they can gain experience of realistic working conditions which would be invaluable to them when the time comes to enter employment.

The senior class made a number of visits during the year as part of their school leavers programme—Duffryn Gardens, Port Talbot Docks, Forestry Commission Bryn, Dairy Exhibition, Swansea and Cardiff Museum.

The annual functions were highly successful. The Swimming Gala was on 9th July at Dyfed Road Baths and the School sports were held on 16th July at Blaenhonddan School Field. The school trip was held on 8th July and all the boys had a very enjoyable day at Bristol Zoo. The Open Day was on 4th July and this again was highly successful.

This year the camping site was changed and a continuous camp was held at Ynys-Gwmbwll Farm, Pont Nedd Fechan, with every boy spending a very enjoyable four days at camp. The Christmas Festivities were successful and enjoyable with the Christmas Party on 10th December followed by the Dinner on 14th December and the School Plays on 16th December.

During 1970 there was an increase in the number of boys who went home at week-ends; approximately some twenty boys went home each week-end, approximately another twenty fortnightly or once every three weeks, twelve occasionally and approximately twelve only went home at holiday times. It is hoped that in future arrangements will be made for every boy to get home at least once during a half-term. Our Social Worker, Miss Evans, has been doing some valuable work as our liaison with school and home.

The general health of the boys has been good, but we had a number of cases of infective hepatitis, also a few cases of scabies and chicken pox. Regular visits to the various clinics at the Divisional Health Offices and Neath General Hospital have been made and we have been receiving regular visits from the Mobile Dental Clinic.

PHYSICALLY HANDICAPPED AND DELICATE PUPILS

(Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot without detriment to their health or educational development be satisfactorily educated under the normal regime of ordinary schools.)

(Delicate pupils, that is to say, pupils not falling under any other category in this regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development be educated under the regime of ordinary schools.)

At the present time there are no special classes for the physically handicapped but a primary school may often have to provide for minor physical handicaps. Placement often depends on other aspects of the child's development, such as mental ability and degree of retardation in learning. Schools have shown themselves able to cope with thalidomide children or children with a degree of cerebral palsy, or similar handicaps and in this connection, adaptations can be made to the school building e.g. by providing ramps for wheelchairs etc. For some pupils special transport has to be arranged to convey them to and from school each day.

TABLE S.26

PHYSICALLY HANDICAPPED CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Ysgol Erw'r Delyn, Penarth	17	7
Greenhill House, Cardiff	–	1
Morfydd House, Swansea	–	1
Total	17	9
Boarders		
Ysgol Erw'r Delyn, Penarth	41	29
Florence Treloar, Hants.	–	1
Penhurst, Oxford	1	–
Total	42	30

TABLE S.27

DELICATE CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Grange, Swansea	–	1
Boarders		
Mounton House, Chepstow	1	–

Report of Mr. John Garrett, O.B.E., Headmaster of Ysgol Erw'r Delyn, Penarth.

Pupils

There have been 357 pupils admitted to this School for Physically Handicapped Children since it opened in September 1958. There are 138 pupils in the school at present and 219 pupils who have left.

Below is a list showing the Local Authorities from which both past and present pupils have been drawn:

TABLE S.28

	Present	*Past*
Glamorgan	90	141
Monmouth	28	20
Newport	5	5
Cardiff	4	18
Carmarthenshire	4	8
Breconshire	3	4
Cardiganshire	1	5
Swansea	1	4
Merthyr Tydfil	1	4
Radnorshire	1	—
Pembrokeshire	—	4
Flintshire	—	3
Montgomeryshire	—	2
Denbighshire	—	1
	138	219

TABLE S.29

HANDICAPPING CONDITIONS GIVING COMPARISON OF NUMBERS OF PRESENT AND PAST PUPILS AS AT 1ST MARCH, 1970

Physical Handicap	Present Pupils			Past Pupils			Combined Total			% (app.)
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Cerebral Palsy ..	21	23	44	53	38	91	74	61	135	37·8
Spina Bifida ..	26	17	43	13	9	22	39	26	65	18·2
Muscular Dystrophy	13	3	16	21	2	23	34	5	39	10·9
Congenital Deformities and Bone Diseases	8	6	14	8	2	10	16	8	24	6·7
Heart and Chest conditions	7	1	8	13	6	19	20	7	27	7·6
Miscellaneous incl. Post-Polio. ..	11	2	13	32	22	54	43	24	67	18·8
	86	52	138	140	79	219	226	131	357	100

There are 23 day children and 115 boarders at the school at present.

Co-operation with St. Cyres Comprehensive School

The following examination results of physically handicapped children, living in the School and attending St. Cyres Comprehensive School, will be of interest:

TABLE S.30

A.B. "O" Level Grade 2 — Biology.
"O" Level Grade 3 — English Language, Geography.
"O" Level Grade 4 — Mathematics.
"O" Level Grade 5 — English Literature.
"O" Level Grade 6 — Physics, History.

P.D. "O" Level Grade 6 — History, Biology, Geography.
C.S.E. Grade 3 — English Language, English Literature.

Four boys will take the examinations in 1971, two in 1972 and two more in 1973. We consider that this co-operation between the two Schools has been of great benefit to our children and we trust it will continue for many years to come.

Visiting Consultants

The usual regular visits have been made through the last year by a Consultant in Physical Medicine, an Orthopaedic Surgeon and a Paediatrician. Monthly visits are made by a doctor from the Spina Bifida Unit at Cardiff Royal Infirmary to test for urinary tract infections and for treatment, and weekly visits are made by the School Medical Officer and Dental Officer.

The Educational Psychologist visits one half day per week and the Consultant Psychiatrist one half day per fortnight. Chiropody treatment is given if necessary and regular Refraction Clinics are also held.

Placement of Old Scholars

TABLE S.31

	Boys	Girls	Total		Percentage
A. In employment	32	17	49		
Remploy	3	—	3	56	25·5
Government sponsored training centres	2	2	4		
B. Ordinary schools	15	6	21		
Special schools and classes ..	11	9	20	41	18·7
C. Ministry of Health Training centres	17	16		33	15·1
D. Glam. Welfare Services Hostel ..	6	2	8		
Monmouthshire Welfare Services Work Centre & Hostel ..	5	—	5		
Spastic Society work centres and hostels	3	5	8	23	10·5
Cheshire Homes	1	—	1		
Dorincourt, Leatherhead ..	—	1	1		
E. At home	19	14		33	15·1
F. Deceased	26	7		33	15·1
Total	140	79		219	100

TABLE S.32

ORTHOPAEDIC DEFECTS FOUND AT SCHOOL MEDICAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Orthopaedic—Posture	T	18	9	2	29	4
	O	99	22	10	131	17
Feet	T	235	29	30	294	32
	O	756	62	34	852	102
Other	T	104	12	17	133	99
	O	439	50	31	520	146

T = Requiring Treatment O = Requiring Observation

Developmental Defects

The following developmental defects were found at periodic and special inspections:

Table S.33

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Developmental—Hernia ..	T	12	2	5	19	13
	O	79	3	9	91	19
Other ..	T	31	7	3	41	45
	O	408	26	24	458	154

T = Requiring Treatment O = Requiring Observation

Other Defects Found at Periodic Medical Inspections, 1970.

Fifty-five school entrants required treatment for heart conditions and 477 entrants required to be placed under observation for this condition.

Table S.34

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Lymphatic Glands	T	22	1	15	38	8
	O	745	13	82	840	60
Heart	T	55	17	14	86	45
	O	477	173	43	693	159
Lungs	T	35	4	9	48	41
	O	406	73	39	518	216
Abdomen	T	27	6	8	41	19
	O	155	13	6	174	75
Other	T	51	26	19	96	51
	O	202	90	14	306	167

T = Requiring Treatment O = Requiring Observation

Table S.35

Other Treatment Given

		Number known to have been treated
(*a*) Pupils with minor ailments		—
(*b*) Pupils who received convalescent treatment under school health service arrangements		—
(*c*) Pupils who received B.C.G. vaccination		6,510
(*d*) Others, viz. :	Respiratory	248
	Digestive	256
	Circulatory	132
	Genito-Urinary	257
	Accidents and Injuries	140
	Others	403
	Total	7,946

TREATMENT OF ENURESIS BY ELECTRIC ALARM MACHINE

Report by Dr. D. W. Foster, Divisional Medical Officer, Pontypridd and Llantrisant Health Division.

Following an initial successful trial period with this method a service was instituted to operate from the 1st May 1970, with adequate administrative backing and record keeping.

Method. Suitable cases are referred from various sources, including paediatricians, family doctors, our own medical officers and health visitors. The children's ages ranged from $5\frac{1}{2}$ to 14 years.

The apparatus is delivered to the home by the appropriate health visitor who explains the procedure to the parents, and also follows up the case.

The result of the treatment is recorded, and notified to the referring doctor.

Results. The results are set out in the following table. It will be seen that out of the total of 22 completed cases 12 (54.5 per cent) were cured completely, and 5 (22·7 per cent) improved.

In view of the mental and social stress caused by this condition the service was felt to be well worthwhile.

Table S.36

Enuresis Alarm Machines

No. of "Alarms" available—18.

Treatment Period: from 1st May 1970 to 31st December 1970.

Referred By	No.	Receiving Treatment	Awaiting Treatment	Treatment Ineffective	Treatment Successful	Condition Improved
Paediatrician	8	2	—	—	2	4
Group Practice G.P./H.V.	20	9	1	3	7	—
School/M.O.	13	5	2	2	3	1
Totals	41	16	3	*5	12	5

*No co-operation from parents of two of these cases.

MALADJUSTED PUPILS

(Maladjusted pupils, that is to say pupils who show evidence of emotional instability of psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustments.)

The definition of maladjustment is no easy matter. In general, it is best understood, not simply as an illness or disorder within the individual, but as a disturbance of emotional relationships involving the family as a whole. Maladjstment may be related to failure or difficulties at school, though it seems unlikely that these are the basic causes.

Table S.37

Maladjusted Pupils

A. Attending Special Day Classes as Full-time Pupils

Name of Class	Part Time		Full Time		
	Boys	Girls	Boys	Girls	Age range
Old Boys Grammar School, Aberdare ..	2	1	3	2	6–12
Maesglas, Ystrad Mynach	6	7	—	—	9–15
Ty Morfa, Bridgend	4	1	6	5	9–15
Child Guidance Clinic, Neath	—	—	9	2	7–15
Pontsionnorton, Pontypridd	7	3	1	—	9–16
Margam House, Port Talbot	5	2	8	1	9–14
Cadoxton House, Barry	5	4	—	—	6–14
Penygraig Junior School	2	2	6	1	9–16
The Lindens, Penarth	—	—	17	—	11–14
Ty Einon, Gorseinon	5	—	—	—	8–15
Total	36	20	50	11	

B. Resident at a Hostel

	Boys	Girls
The Lindens, Penarth	17	–

C. Pupils at Special Residential Schools

Name of School	Boys	Girls
Edith Edwards, Surrey	1	—
Berrow Wood, Glos.	2	—
Besford Court, Worcester	1	—
Boxmoor House, Hertfordshire ..	1	—
Camphill, Aberdeen	1	—
Deans Farmhouse, Warwicks... ..	—	1
Heanton, Devon	2	—
St. Christophers, Bristol	1	—
Tanllwyfan Hostel, Colwyn Bay ..	1	—
Philpots Manor, Sussex	1	—
St. George's Hostel, Manchester ..	1	—
Total	12	1

Table S.38

Children Found to have Psychological Defects

Defect or Disease		Entrants	Leavers	Others	Total	Special Inspections
Psychological—Development ..	T	9	3	4	16	61
	O	116	14	17	147	102
Stability ..	T	10	7	1	18	24
	O	106	40	31	177	78

T = Requiring Treatment O = Requiring Observation

CHILD GUIDANCE SERVICE

Report by Dr. K. W. Aron and Dr. Margaret Morgan, Consultant Psychiatrists.

As in previous years the work of the Glamorgan Child Guidance Clinics is published separately as a detailed Annual Report and considerations of space only allow some of the more important developments to be referred to here.

During 1970 Dr. Margaret Morgan, who had been appointed Consultant Child Psychiatrist in December 1969, took up her post so that it was possible to divide the area hitherto covered by Dr. Aron into two separate consultancies. Unfortunately, Dr. Morgan, owing to her existing commitments in Hensol Hospital, was unable to take up all her duties straight away so that the Pontypridd and Aberdare Clinics continued to be run by Dr. Aron until April and the Rhondda Clinic until July. Since that month Dr. Morgan has been responsible for all these three areas whereas the Bridgend, Port Talbot and Neath Divisions continue to be the responsibility of Dr. Aron.

In view of all this it is more convenient for us both to present a single report for the past year.

As regards *Medical Staff* reference has already been made to the new consultant establishment. With regard to junior personnel Dr. E. Hartley has continued to do three sessions per week in Bridgend and Dr. H. Jones and Dr. V. Morgan were appointed to do two weekly sessions each at the Neath Clinic. In East Glamorgan, Dr. P. Jones has continued to do his two weekly sessions as Clinical Assistant at the Pontypridd Clinic. Dr. Esme Coll was appointed on the 26th October, 1970, as Clinical Assistant to work four sessions in the East Glamorgan Service.

It was already pointed out in last year's report that we have been fortunate in finding competent staff to fill these posts but that, as far as the Vale of Glamorgan area is concerned, the three Clinical Assistants between them do seven sessions per week instead of the eleven sessions previously done by a whole-time Registrar and that this has meant a continuing curtailment of turnover at some of the Clinics and longer waiting lists than would otherwise be necessary. As in past years an attempt has been made to overcome the latter problem as much as possible by allocating priority appointments to urgent cases.

With regard to East Glamorgan, the total number of clinical assistant sessions, six in all, have now been filled. The Welsh Hospital Board are not at present prepared to allocate more than six sessions to this section of the service. We hope, however, that as the service in East Glamorgan develops further the question of additional sessions will be reconsidered.

As regards *Psychologists*, Mr. J. H. Davies left the South East Division during the period under review in order to take up his new duties in West Glamorgan and he was succeeded on the 1st July 1970 by Mr. H. W. Saunders. Although most of the South East Division is not in the catchment area of either

the East Glamorgan or the Vale of Glamorgan service a certain number of cases, particularly from the areas around Llanharan, Cowbridge and Llantwit Major tend to find their way to the Bridgend Clinic. These are seen for psychological assessment by the Educational Psychologist in the South West who also attends regular case conferences at Bridgend.

During the period under review the Educational Psychologists have continued to work as integral and important members of the Child Guidance teams, as well as being responsible for their own work in the School Psychological Service. With regard to the latter the number of referrals to the Child Guidance Service for more intensive and comprehensive treatment has continued to be high and effective co-ordination between the two services has continued to be maintained.

In October 1970 Dr. R. S. Randhawa was appointed Clinical Psychologist to the service. Unfortunately he was only able to take up his duties after the end of the period with which this report deals. He will be attached to both the new services, i.e. half his time will be spent with Dr. Morgan in the East Glamorgan area and the other half with Dr. Aron in the Vale of Glamorgan.

As regards *Psychiatric Social Workers and Social Workers,* Miss E. A. Workman and Miss D. M. Evans have continued to work in the Vale of Glamorgan during 1970. Mrs. D. Buttwell was appointed at the same time as Dr. Margaret Morgan to work with the latter in East Glamorgan. Miss J. I. Bulley left in September 1970 in order to take an advanced course of study in London. Unfortunately at the time of writing the vacancy created by Miss Bulley's resignation in the Vale of Glamorgan has not yet been filled owing to various administrative difficulties. It is to be hoped that this situation will be remedied in the near future.

As far as the East Glamorgan area is concerned, Mrs. Buttwell worked single-handed during 1970. There has now been an allocation of an additional Social Worker for the future to this part of the service.

In the matter of *accommodation* it is gratifying to report that the second stage of the planned improvements in the accommodation at the Neath Clinic, i.e. the provision of communicating dry and wet playrooms as well as of a Social Worker's room on the ground floor (instead of the previous unsatisfactory arrangements in the basement and the first floor respectively) were completed during the period under review and that from the point of view of the space available, the accessibility, lay-out and equipment of the rooms concerned, the accommodation here is now much more adequate.

The Headquarters of the service in the East Glamorgan area are now at Brynffynon, Merthyr Road, Pontypridd. Brynffynon is a large Victorian house surrounded by trees, centrally situated, and has adapted well as a clinic. A new drive in Common Road has now been completed, giving safe access and allowing adequate parking facilities.

In the Rhondda the same premises continue to be used at Carnegie Clinic. As has been reported in the past, they are not ideal as there is an outside staircase

leading into the playroom. It is still hoped that the service will be able to use upstairs rooms at Carnegie when the new Health Centre opens and the Dental Service moves.

Since Dr. Margaret Morgan took up her appointment she has run her Aberdare Clinic one day weekly from the Old Boys' Grammar School, Aberdare. The School Psychological Service is in this building so it has been possible to work closely with Miss Ricketts, Educational Psychologist. More space was available there than at Rock Grounds, Aberdare. The Old Boys' Grammar School, however, is an old school and the premises are not ideal. Three rooms for the service have been allocated in the new Health Centre now being built in the centre of Aberdare.

Regular case conferences in each Clinic dealing with all newly referred cases and, where necessary, with old cases under treatment or follow-up have continued to be a regular feature of our work. These conferences are attended by all the members of the Child Guidance Teams as well as the Adjustment Class Teachers in each area. Members of other educational, social and medical agencies involved with particular children attend on an *ad hoc* basis and may do so at their own or our request.

Liaison has also been maintained with the Residential Unit for Maladjusted Children at the Lindens, Penarth, by frequent consultation with the staff there with a view to maintaining continuity of treatment. Miss Workman and Mrs. Buttwell, P.S.W.'s., and the two Social Workers have played a considerable part in this as they have attended regular conferences dealing with the children resident there and the problems affecting their families, with most of whom they do regular case-work prior to admission, during treatment and after discharge. We are anxious that this important liaison work should be maintained and extended.

Much of the work of the clinics is now concerned with the training of students in the various professions involved in Child Guidance and related fields. During the period under review Dr. Aron again conducted lecture-seminars for the post-graduate students in Psychiatry in connection with the tutorial course run by the Department of Extra-Mural Studies, University College, Cardiff. As in previous years post-graduate students have also attended the Tynygarn Clinic with a view to gaining practical experience of Child Psychiatry in connection with their preparation for the D.P.M. examination. Under-graduate students and those training for qualifications in Educational Psychology have worked with our Educational Psychologists and have assessed cases under the supervision of the latter and participated in case-conferences. Miss Workman, P.S.W. has been associated with the training of students for the Cardiff Child Care Course. She and the other two Social Workers, Miss Evans and Miss Bulley, have done similar work with those studying for the Certificate in Social Work at the College of Commerce, Cardiff. Mrs. Buttwell, P.S.W., will also take students from this course in 1971 as well as from the Applied Social Studies course at the University College, Cardiff, for part of their training. Students from the latter course also attended the Tynygarn Clinic during 1970.

STATISTICAL DATA

1st January 1970 to 31st December 1970

Table S.39

Number of Cases Referred During 1970

Clinic	Boys	Girls	Total
Tynygarn	55	33	88
Neath	49	21	70
Rhondda	18	9	27
Aberdare	11	9	20
Pontypridd	36	18	54
Total ..	169	90	259

They include both, cases originally referred during the present period as well as others carried over from previous years and discharged during the period under review.

Table S.40

Number of Cases Discharged During 1970

Clinic	Boys	Girls	Total
Tynygarn	24	20	44
Neath	23	17	40
Rhondda	6	2	8
Aberdare	16	11	27
Pontypridd	34	14	48
Total ..	103	64	167

Table S.41

Causes of Referral

Aggressiveness	33	Sleeplessness	15
Attention-seeking behaviour	10	Sleep-Walking	5
Asthma	2	Lack of concentration	11
Migraine	1	Jealousy and resentment of other children	12
Other psychosomatic symptoms	2	Poor work at school	17
General shyness and timidity	8	Poor speech development	6
Destructiveness	11	Stammering and stuttering	2
Generally difficult behaviour	39	Non-communicating	11
Breaking and entering	10	Other speech defects	1
Stealing and pilfering	47	Withdrawn	13
Other offences against property	4	School refusal	30
Enuresis (wetting)	28	Truancy	9
Encopresis (soiling)	14	Obsessive-compulsive symptoms	7
Disobedience	4	Violence	1
Defiance	14	Sexual difficulties	10
Fits	5	Drug Taking	1
Nail-biting	4	Depression	9
Rocking	7	Suicidal attempts and gestures	10
Thumbsucking	1	Lying and romancing	14
Other habit disorders	5	Running Away	9
Nightmares	5	Wandering	3
Hyperactivity	9	Fears and phobias	22
Firesetting	2	Generalised anxiety	17
Backwardness	10	Temper tantrums	37
Aneroxia	1	Miscellaneous	7

These frequently overlap and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table S.41 reflects fairly accurately the reasons why the help of the Clinics is sought and the types of disturbance which are referred to us.

Table S.42

Sources of Referral (Including both medical and other agencies)

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
General practitioners	43	14	12	3	15	87
Divisional medical officers	11	22	3	6	7	49
Paediatricians and other medical sources	15	4	8	5	8	40
Schools (via Educational Psychologists)	9	23	3	4	17	56
Juvenile courts and probation officers	4	4	1	1	4	14
Children's Department	4	—	—	—	1	5
Others	2	3	—	1	2	8
Total	88	70	27	20	54	259

Table S.43

Age Distribution of Children Referred

Clinic	1–5 years	5–10 years	10–15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	7	32	47	2	55	33	88
Neath	9	27	32	2	49	21	70
Rhondda ..	1	7	18	1	18	9	27
Aberdare ..	2	9	8	1	11	9	20
Pontypridd ..	7	24	19	4	36	18	54
Total ..	26	99	124	10	169	90	259

Table S.44

Psychiatrist's Interviews with Children

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Diagnostic	64	67	16	14	53	214
Therapeutic ..	382	297	58	38	329	1,104
	446	364	74	52	382	1,318

Table S.45

Psychologists' Interviews wtih Children

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
74	80	21	22	21	218

Table S.46

Social Workers' Interviews

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
608	890	81	106	156	1,841

A good deal of this work is carried out by the Social Workers; at the same time, the fact that when other members of the staff see children it is often desirable for them to deal with the family as a whole, means that they also interview parents to a considerable extent. This also imparts a certain amount of artificiality to attempts to compute interviews with parents separately and the figures must be viewed in this light.

LINDENS HOSTEL FOR MALADJUSTED CHILDREN

Report by Mrs. R. M. Matthews, Warden, Lindens Hostel for Maladjusted Children.

The unit was open for fifty weeks in this year, the average number of children in residence in term time was eighteen and the average number of children in residence during the holiday period was seven. It is still difficult to obtain holiday placement for some children who are unable to go home because of the poor relationships which exist between them and their parents. Ideally the unit should remain open throughout the year to cater for the needs of this very vulnerable group.

TABLE S.47

Referrals

Dr. K. W. Aron	16
Dr. Graham Melville-Thomas	8
Dr. Dearden	1
Dr. Lacey	1
Total	26

Discharges—

To ordinary schools	3
Employment	3
Special Schools	3
Children's Department	–
	9

Adolescent Unit

Two adolescent boys have remained at the unit after the statutory school leaving age of sixteen because it was considered by the consultant psychiatrist that although they were chronologically old enough to leave school, emotionally they were not ready for employment. A programme of rehabilitation was organised with the Industrial Unit at Gabalfa. This at first appeared to be successful but later the boys failed to maintain progress and have been discharged to their homes. One of them is still not employed.

Our experience with older disturbed children indicates the need for an Adolescent Unit and it is anticipated that such a unit will be opened at Whitchurch Hospital this year.

Age of Referral

The average age of children on referral has risen from 11 years 3 months to 12 years 2 months. Our experience has shown that the children who do best are those admitted before the age of eleven.

The Adjustment Class

There are two classes attached to the unit. The difficulties of the children are such that very few of them can be transferred to local schools although it has been possible to arrange for some of the pupils to attend local schools for specialist subjects. This experiment will be continued as it is appreciated that a two teacher unit cannot provide the full curriculum which a secondary school child needs.

TABLE S.48

ADJUSTMENT CLASSES AT "THE LINDENS"

Average attendance per session	18
Highest number on roll	21
Lowest number on roll	15
Number of children who attended the class in the year	23 Resident, 3 Day 24 Boys, 2 Girls

Glamorgan – 24 : Swansea – 1 : Cardiff – 1.

Clinics

Dr. Graham Melville-Thomas, Consultant Child Psychiatrist, Mrs. A. M. Jones, Clinical Psychologist and Mr. H. W. Saunders, Educational Psychologist, have held a clinic each week. Parents and children have been seen individually and for group therapy.

Liaison with the home and the family has been maintained by regular case conferences with the social workers from Dr. Aron's clinic and with Dr. Margaret Morgan, Consultant Child Psychiatrist at Pontypridd.

A review of all cases along with discussion on new admissions and discharges is held twice a term. Dr. C. J. Revington, Deputy Principal School Medical Officer and Mr. Tom Doyle, Senior Educational Psychologist join the visiting consultants on these occasions.

Research

A study of one hundred children has been undertaken to see whether their difficulties could classify them as Neurotic or Anti-Social. This assessment was based on the questionnaire designed by Dr. Michael Rutter of the Maudesly Hospital, London. The results were as follows:

TABLE S.49

	Boys	*Girls*	*Total*
Neurotic	23	11	34
Anti-Social	58	8	66
Total	81	19	100

SPEECH THERAPY

The national shortage of speech therapists has again considerably hampered the Authority's work in dealing with children suffering from speech defects. At the end of the year there were three full-time and three part-time speech therapists giving a full-time equivalent of four; the authorised establishment being seven.

Table S.50

Analysis of Work by Speech Therapists during 1970

Speech Therapy

Analysis of work	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number of individual cases seen	157	114	146	201	115	199	131	136	171	1,370
Total number of attendances	501	596	1,764	1,472	648	1,626	649	1,013	605	8,874
Number of current cases at 31st December, 1970	35	38	50	85	30	68	48	61	48	463
Total number of cases remaining on waiting list at 31st December, 1970	11	9	18	65	28	27	13	18	7	196
Number of cases under observation (immediate treatment not necessary)	75	63	143	54	32	—	57	37	42	503
Analysis of discharged cases:										
(*a*) Non-treatment cases—										
(i) Treatment not considered necessary	6	2	16	7	16	—	4	10	10	71
(ii) Failed to attend after diagnosis	2	—	—	12	12	11	—	—	7	44
(iii) Travelling difficulties and loss of school work	—	—	2	—	1	—	—	—	—	3
(iv) Unsuitable for treatment	—	2	3	—	—	5	—	—	1	11
Total	8	4	21	19	29	16	4	10	18	129
(*b*) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	—	—	—	—	—	—	—	—	—	—
(ii) Lack of parental co-operation	6	—	—	—	—	3	1	—	—	10
(iii) Poor attendance or non-attendance	3	12	3	6	13	23	7	5	4	76
(iv) Pressure of school work	—	—	—	—	—	—	—	1	—	1
(v) Left district	1	2	—	6	1	3	2	—	—	15
(vi) Left school	—	—	—	—	2	—	6	1	—	9
2. Discharged—speech improved	4	22	8	4	17	8	23	2	7	95
3. Discharged—speech normal (cured)	4	22	35	27	16	30	26	14	13	187
4. Temporarily discharged	21	14	29	54	8	48	18	42	39	273
Total	39	72	75	97	57	115	83	65	63	666

TABLE S.50—*cont.*

SPEECH THERAPY—*cont.*

Analysis of work	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
General progress of cases:										
Much improved	15	11	15	28	11	22	10	25	20	157
Satisfactory	17	19	10	37	14	37	17	23	19	193
Little improvement	3	8	25	20	5	9	17	13	9	109
Total	35	38	50	85	30	68	44	61	48	459
Table of symptoms of cases treated at clinics:										
Stammering	8	20	32	20	19	33	21	26	18	197
Dyslalia	24	63	40	86	43	74	79	64	38	511
Cleft palate	4	5	3	4	2	6	1	2	2	29
Deafness	1	—	2	4	1	12	1	1	3	25
Lateral "s"	3	8	9	10	5	9	6	11	6	67
Interdental "s"	7	7	10	15	4	15	2	11	7	78
Rhinolalia (nasality)	3	—	2	1	1	2	4	—	6	19
Dysarthria	1	—	1	3	1	—	1	1	1	9
Dysphonia	—	—	2	—	—	—	—	1	—	3
Low I.Q.	4	4	3	16	6	—	2	6	10	51
Retarded speech	18	3	17	21	5	31	9	3	16	123
Aphasia	1	—	4	2	—	1	1	—	4	13
Cerebral Palsy	—	—	—	—	—	—	—	—	—	—
Total	74	110	125	182	87	183	127	126	111	1,125

SCHOOL DENTAL SERVICE

Report of Principal School Dental Officer for 1970

Principal School Dental Officer — D. R. Edwards, L.D.S., R.C.S.(Eng)

Area Dental Officers

J. F. G. Thomas, B.D.S.
Perys E. Williams, B.D.S.
C. E. James, L.D.S., R.C.S.
D. C. McKendrick, L.D.S., R.C.S.
Ruth G. Phillips, B.D.S.
V. H. Price, L.D.S.
R. I. Sheppeard, B.D.S.
C. Thomas, L.D.S., R.C.S.

Senior Dental Officers

G. Thompson, L.D.S., R.C.S.
J. Burston, B.D.S.
D. Hoskins, B.D.S.
L. Jenkins, L.D.S., R.C.S.
T. Clarke, B.D.S.
H. Trimlett, B.D.S.

Dental Officers

M. W. Jones, B.D.S.
M. F. Morgan, B.D.S.
R. T. H. Jones, B.D.S.

Staff

A marked improvement in the staff of the School Dental Service occurred in 1970 when eight whole-time officers were appointed throughout the varying dental grades. Mr. J. F. G. Thomas and Miss P. E. Williams were appointed as Area Dental Officers in Aberdare and Pontypridd Divisions respectively, to replace Mr. R. F. Hoar and Mr. A. Pittard Davies on their termination of appointments. Mr. T. Clarke, Mr. H. J. Trimlett and Mr. L. Jenkins were appointed as Senior Dental Officers in the Neath, Pontypridd and Port Talbot Divisions respectively thus increasing the dental strength of each of these Divisions. Mrs. M. W. Jones, Mrs. M. F. Morgan and Mr. R. T. H. Jones were appointed as Dental Officers on qualifying from the Cardiff Dental School. Mr. Jones and Mrs. Morgan were both appointed to the Ystrad Mynach dual surgery clinic and Mr. R. T. H. Jones to the Barry dual surgery clinic in the South East Glamorgan Division. Mrs. S. Cole-Morgan resigned as Dental Officer in the Ystrad Mynach area. It is interesting to note that these two dental surgeries which were originally in use to supervise dental auxiliaries are now utilised by dental officers working together because the availability of dental officers in 1970 was greater than that of dental auxiliaries.

Mr. D. T. Hoskins who was employed as a Senior Dental Officer in the delegated health authority of the Rhondda Borough was appointed as Senior Dental Officer to the new self-propelled Mobile Dental Clinic in the South East Glamorgan Division.

There was thus a net improvement of five whole-time dental staff in 1970. We had anticipated improvement in recruitment because of the new graduates of the Cardiff Dental School but the additional influx of experienced practitioners from general practice was a most welcome sign.

Miss L. J. Hannaford was appointed as Dental Auxiliary in the Port Talbot Division at the dual surgery clinic in the Dew Road, Sandfields area.

The improvement of the whole-time strength saw a reduction in the number of sessional dental officers partly because of non-availability of clinics. Mr. J. E. Turner left the Caerphilly Division where he had been employed in

the Bargoed area. Mr. R. Drew Morgan's death during the year meant the loss of a long serving sessional dental officer in the West Glamorgan Division.

At 31st December the dental staff including the Principal Dental Officer consisted of:

19 whole-time officers
1 part-time officer
12 sessional officers
5 dental auxiliaries.

The whole-time equivalent of the sessional officers was 3·90 giving a total whole-time equivalent of 23·60. The ratio of one dental officer per 5,756 for the school population of 135,847 is the best staffing position since the war, but needs to be improved still further to a workable ratio of 1 to 3,000 children.

The dental service now has a mixture of young officers and experienced practitioners and a welcome feature is the predominance of the younger age groups as shown by the following table:

TABLE S.51

AGE OF DENTAL OFFICERS (WHOLE TIME)

Under 30	30—39	40—49	50—59	60 & over
7	7	2	3	—

PREMISES AND EQUIPMENT

The introduction of a self-propelled mobile dental clinic to serve the South East Glamorgan area was an important addition to the County dental service in 1970. The three fixed clinics in the South-East served only the coastal areas of Barry, Penarth and Llantwit Major, and the children in the rural and urban areas of the division could only be treated by general dental practitioners and usually with travelling difficulties involved. The new sites for the mobile dental clinic at Cowbridge, Llanharan, Llanharry, Pendoylan and Lisvane eased this situation and may well be extended when other sites become available.

This is the second mobile dental clinic now in use in the County and the introduction of the Heavy Goods Vehicles driving regulations necessitated both our dental surgery assistants, who also act as drivers of the vehicles, taking the heavy goods vehicle driving test, and fortunately Miss K. Wheatley and Mrs. M. Harries passed on their first attempt.

The opening of Hirwaun Health Centre which provided single surgery dental accommodation improved the service in the Aberdare division. Dental treatment in Bargoed became a problem when the clinic was condemned because of structural defects. To overcome this the dental auxiliary's surgery at Ystrad Mynach was utilised by a dental officer to treat Bargoed patients. The unfortunate feature of this arrangement was the travel involved from Bargoed and particularly the distance involved from the surrounding valleys.

There are now twenty-seven single surgery clinics in the County, ten dual surgeries and two mobile dental clinics with modern dental equipment providing good working conditions.

Inspection and Treatment

There were 23,839 children inspected at school and 15,625 at clinics giving a total of 39,464 which is about 30 per cent of the total school population. The improved staffing position should eventually ensure a better screening of the school population and it is hoped that school inspections will cover 50–60 per cent of children in the next few years.

In 7,971 treatment sessions 38,732 fillings were inserted by dental officers to conserve 22,584 permanent teeth and 11,327 deciduous teeth. 4,947 permanent teeth were extracted and 12,884 deciduous teeth.

For the first time in the annual returns, figures were provided for the work done by the five dental auxiliaries employed by the Authority. In 1,302 dental auxiliaries treatment sessions 6,433 fillings were inserted to conserve 2,455 permanent teeth and 2,532 deciduous teeth. 162 deciduous teeth were extracted and the dental auxiliaries gave 212 sessions to dental health education compared with the 143 sessions given by the dental officers. The bulk of the dental auxiliaries work was for the 5–9 age group and this has proved of valuable assistance to the dental officer in the introduction of dental treatment to the young school child.

There were 12,515 courses of treatment completed which included 826 courses of treatment completed by the dental auxiliaries.

Conservation of teeth by root-fillings, inlays and crowns was also carried out during the year, the figures being similar to those of last year.

Orthodontics

The figures shown in the table give the usual pattern of the orthodontic service.

Dental officers undertake work in their surgeries which are within their scope of treatment. Other more difficult cases are referred to hospital consultants or to othodontists in the general dental services.

Dental Health

The "Happy Smile Club" dental health campaign continued in the schools in November and the number of packs of toothpaste, toothbrush beakers, etc., increased to 17,000. Dental officers, dental auxiliaries, health visitors and clinic nurses helped in the distribution and also gave dental health talks.

Throughout the year dental auxiliaries gave talks in schools, dental health films, leaflets and posters were used. Additional dental health education talks were given by trainee hygienists of the Cardiff Dental School to primary schools and ante-natal classes as part of their training period.

The school tuck-shop problem is now being handled mainly by chairside education of the school child and parent in good dietary habits and also in providing leaflets to teachers which suggest more suitable alternatives such as carrots, apples, nuts, crisps, crispbread instead of confectionery and sugary foods and also the source of bulk supply.

The education of the child and the parent in dental care and diet is also an important feature of our talks and will still be an important factor even when fluoridation of the water supplies in the County is gradually introduced.

The efforts of all members of the dental and nursing staffs together with the administrative officers and the help of the Education Department has again been invaluable during the year and I thank them for their continued support.

EPILEPSY AND OTHER DISEASES OF THE NERVOUS SYSTEM

TABLE S.52

CHILDREN FOUND TO SUFFER FROM DISEASES OF THE NERVOUS SYSTEM

Defects or Disease	Requiring	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous system—Epilepsy ..	T	8	4	2	14	54
	O	73	18	9	100	59
Other ..	T	11	3	2	16	31
	O	79	18	7	104	92

T = Treatment O = Observation

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY
DURING 1970

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
(1) First visits	1,398	1,529	2,057	2,302	1,946	2,092	2,205	1,620	1,394	16,543
Subsequent visits	4,047	5,415	3,854	3,659	4,299	2,538	4,583	3,873	4,568	36,836
Total visits	5,445	6,944	5,911	5,961	6,245	4,630	6,788	5,493	5,962	53,379
(2) Additional courses of treatment commenced	6	99	204	116	46	73	339	124	107	1,114
Fillings in permanent teeth	2,550	2,749	2,742	4,186	3,833	2,645	4,654	2,742	3,500	29,501
Fillings in deciduous teeth	1,311	1,810	959	1,738	1,153	901	2,824	2,770	2,198	15,464
Permanent teeth filled	2,065	2,493	2,359	3,821	3,151	2,220	3,595	2,499	2,926	25,129
Deciduous teeth filled	1,201	1,747	468	1,579	999	824	2,488	2,643	1,690	13,859
Permanent teeth extracted	187	434	1,151	872	703	450	353	356	436	4,942
Deciduous teeth extracted	662	1,480	1,895	1,885	1,984	1,489	1,146	1,414	1,091	13,046
(3) General anaesthetics	248	257	892	729	742	702	370	540	403	4,863
Emergencies	75	242	251	588	270	254	330	913	188	3,111
(4) Pupils supplied with full upper or full lower (first time)	-	-	2	-	2	-	1	2	1	8
Pupils supplied with other dentures (first time)	3	4	12	8	6	6	4	20	8	71
Number of dentures supplied	3	4	14	8	8	6	5	22	9	79
(5) (a)First inspection at school - number of pupils	1,115	4,288	836	2,540	4,447	7,604	2,569	440	-	23,839
(b)First inspection at clinic - number of pupils	937	2,844	2,222	1,533	2,347	801	2,044	1,521	1,376	15,625
Number of (a) and (b) found to require treatment	1,519	4,224	2,108	3,178	3,849	5,707	3,187	1,697	1,362	26,831
Number of (a) and (b) offered treatment	952	4,162	2,108	3,175	3,256	5,657	3,185	1,624	1,342	25,461
(c)Pupils re-inspected at school or clinic	235	955	931	470	1,192	1,973	1,267	331	337	7,691
Number of (c) found to require treatment	206	485	754	396	611	975	810	179	322	4,738

continued

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
(6) (i) Sessions devoted to treatment	869	946	1,002	993	943	835	1,550	1,001	1,134	9,273
(ii) Sessions devoted to inspection	11	19	8	21	32	80	33	6	-	210
(iii) Sessions devoted to dental health education	71	106	41	-	-	53	2	18	51	342
(7) (i) Number of pupils X-rayed	60	233	367	71	105	9	119	109	326	1,399
(ii) Prophylaxis	370	600	1,771	143	332	82	632	931	292	5,153
(iii) Teeth otherwise conserved	387	6	191	184	521	1	100	428	151	1,969
(iv) Number of teeth roots filled	21	8	1	17	10	-	77	6	82	222
(v) Inlays	1	-	2	-	-	1	3	-	13	20
(vi) Crowns	3	12	2	3	4	7	19	6	14	70
(vii) Courses of treatment completed	574	1,177	1,700	1,756	2,081	1,368	1,894	1,338	627	12,515
(8) (i) New cases commenced during year	1	20	3	38	13	14	14	33	50	186
(ii) Cases completed during year	1	14	2	14	10	11	14	13	11	90
(iii) Cases discontinued during year	-	15	-	-	-	1	1	2	48	67
(iv) Number of removable appliances fitted	3	30	11	41	11	14	41	33	50	234
(v) Number of fixed appliances fitted	-	-	7	-	-	-	1	-	-	8
(vi) Pupils referred to hospital consultant	6	6	47	7	1	31	6	1	7	112
Anaesthetics	-	-	-	-	-	-	-	-	-	-

HEALTH EDUCATION IN SCHOOLS

The following table compares the number of school talks given by health department staffs in recent years:

TABLE S.53

SCHOOL HEALTH EDUCATION PROGRAMME

	1967	1968	1969	1970
Dental hygiene	651	1,195	1,396	1,022
General hygiene and nutrition	539	1,006	1,200	921
Preparation for parenthood including talks on menstruation and venereal disease	288	385	617	621
Prevention of accidents	112	242	254	444
Smoking and health	106	140	410	256
Feet and posture	97	197	252	161
Drug addiction	—	41	165	105
Others	253	218	365	438
Total	2,046	3,424	4,651	3,968

TABLE S.54

TALKS IN SCHOOLS BY HEALTH EDUCATION OFFICER, 1970

Personal Hygiene	4
Smoking and Health	4
Prevention of Accidents	4
Personal relationships	8

It will be seen that 1970 shows a fall in the number of talks and this was doubtless due to the decrease in the number of health visitors from 121 at the end of 1969 to 103 at the end of 1970.

Following the publication in 1964 of the Cohen Report on Health Education with its particular reference to the importance of dealing with the topic in schools in a comprehensive manner and not as a series of prohibition lectures, the department staff have steadily built up good relationships with schools. The shortage of health visitors threatens to curb our activities in this field and approval is being sought for the appointment of suitably qualified staff to work full-time in the field of health education.

It is not intended that these staff should replace the health visitor in the schools but rather that they should support the health visitor with advice on suitable equipment and visual aids and help them to keep up to date with current

thinking. They will obviously do some of the teaching themselves but it is envisaged that they will work in harmony with the health visitor and work out suitable programmes between them.

The satisfactory teaching of health education topics in schools requires a good deal of preparatory work and, with the many calls on their time, health visitors sometimes find that they just haven't the time to do full justice to the subjects under discussion. On the other hand full-time staff can dedicate themselves entirely to this one field and I am sure that health visitors will benefit from their assistance.

Pontypridd health division already works along these lines. One of their staff, who has a good nursing and teaching background, is already employed full-time in health education, and has maintained over the year a continuing and progressive programme of talks in schools. In this division the health visitors retain responsibility for the junior schools and the "specialist" devotes her activities to the senior schools, and to building up a battery of visual aids, reading matter, films and film strips. Students preparing to enter the technical college at Pontypridd are given a pre-nursing course and the Duke of Edinburgh Award in Mothercraft has been completed in two schools with great enthusiasm. I am indebted to Dr. D. W. Foster for providing this information.

August 1970 saw the appointment of Mr. John Luker as health education officer to the department following the successful completion of a diploma course in health education at London University. He is responsible for advising staffs in divisions on the content and methods of health education and will ultimately be required to give advice, guidance and instruction to the full-time health education staff when they are appointed.

In common with other areas we find that an analysis of talks in schools shows that boys are a poor second to girls in a comparison of total talks given. My health education officer may be able to help to redress this balance and at the end of 1970 commenced a series of talks at one large comprehensive school for boys in the age-leaving group. He hopes to continue this activity in other divisions in 1971.

In 1970 we witnessed a continuing interest by the mass media in the subject of drug abuse, their attention as usual being concentrated on the effects on our teenage society and the problem in schools. A problem obviously exists but it is difficult, if not impossible, to measure it and one needs to keep it in its proper perspective. There is a danger that too much publicity for this one problem may over-ride the very real issues in other directions and there is always the danger of the attraction of forbidden fruits. It is therefore perhaps advisable to repeat my suggestions outlined in last year's report to the effect that talks on drug abuse should form part of a wider scheme for preparing pupils for the responsibilities of adulthood and should be confined to older adolescents, teachers and groups of parents.

Our dental campaign aimed at 5 year old entrants and designed to create good dental habits at an early age continued during the year.

MISCELLANEOUS

Table S.55

New Schools or Additions Completed During 1970

Upper Rhondda Comprehensive School (Final Instalment of Extensions).
Llandough Primary School.
Crynallt Primary School.
Penarth Grammar School (Extensions Phase II)
Penrhys Junior
Llanilltud Fawr Secondary (Extensions Phase I)
Y Bontfaen Infants
Catwg Primary School Extensions
Porthcawl Comprehensive School—Block E
Ynysboeth Junior—New Block
Ogmore School Camp—Dormitories
Tregwyr Infants—Kitchen and Dining Room
Hirwaun Junior School
Dyffryn Education Centre—Hostel
Colcot Primary—Additional accommodation
Ysgol Uwchradd Rhydfelen Extensions (Phase I)
Cowbridge Grammar—Extensions

TABLE S.54

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

Category of Handicap	A. No. newly assessed as needing special educational treatment at Special Schools or in Boarding Homes		B (i). Of those included at A, No. newly placed in Special Schools or Boarding Homes during the year.		B (ii). No. assessed during previous years who were newly placed in Special Schools or Boarding Homes during the year	
	Boys	Girls	Boys	Girls	Boys	Girls
A. Blind	—	—	—	—	—	—
B. Partially sighted	3	5	3	4	1	—
C. Deaf	—	1	—	1	1	—
D. Partially hearing	2	—	2	—	—	—
E. Physically handicapped ..	7	6	4	2	6	3
F. Delicate	—	1	—	—	—	—
G. Maladjusted	5	3	3	2	—	—
H. Educationally Subnormal	36	18	26	15	4	4
I. Epileptic	—	1	—	—	—	—
J. Speech Defects	—	1	—	1	—	—
Total	53	36	38	25	12	7

TABLE S.54—*continued*

HANDICAPPED PUPILS

Category of Handicap	C (i) No. requiring places in Special Day Schools on 16th January, 1969 (including those temporarily receiving home tuition)		C (ii) No. requiring places in Special Boarding Schools on 16th January, 1969 (including those temporarily receiving home tuition)	
	Boys	Girls	Boys	Girls
A. Blind	1	—	—	—
B. Partially sighted	—	—	—	—
C. Deaf	—	—	—	—
D. Partially hearing	1	—	—	—
E. Physically handicapped ..	1	—	5	—
F. Delicate	—	—	1	1
G. Maladjusted	—	—	—	—
H. Educationally subnormal ..	2	1	10	2
I. Epileptic	—	—	—	—
J. Speech Defects	—	—	1	—
Total	5	1	17	3

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE BOROUGH SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN THE RHONDDA (EXCEPTED DISTRICT) DURING 1970

1. Establishment of Medical Officers

The following medical officers were available for work within the school medical service during 1970:

(1) Dr. S. Sarkar
(2) Dr. R. Sarkar (Part Year)
(3) Dr. S. Baig (Part Year)
(4) Dr. N. C. Osborn (Sessional)
(5) Dr. J. Williams (Sessional)

The type of work carried out by session and individual doctor is shown in Table SR.1.

Table SR.1

Table Showing Distribution of Doctor's Time by Type of Work Carried Out

	Routine Medical Inspection	B.C.G. Vaccination	Immunisation and Polio Vaccination	Maternity and Child Welfare	*Others* School Clinics, Dental Clinics, Specials, etc.
(1) Dr. S. Sarkar ..	136	—	36	38	75
(2) Dr. R. Sarkar ..	18	—	5	359	22
(3) S. Baig ..	82	—	3	105	6
(4) Dr. N. C. Osborn ..	64	—	23	91	26
(5) Dr. J. Williams ..	—	—	—	—	68

2. Routine Medical Inspection

During 1970, this type of examination was again restricted to entrants and any pupils at Primary Schools who had not been previously examined. Table SR.2 shows the number of pupils examined by year of birth.

Table SR.2

Distribution of Pupils Undergoing Routine Medical Examination by Year of Birth and Physical Condition

Age groups inspected (by years of birth)	Physical condition of pupils inspected		
	No. of pupils inspected	Satisfactory No.	Unsatisfactory No.
1966 and later ..	1,732	1,732	—
1965	630	630	—
1964	131	131	—
Total	2,493	2,493	—

3. Audiological Service

(i) *Routine testing of children for hearing defects*

The screening of pupils for hearing defects was continued during the year at primary schools with particular attention being paid to "new entrants" and to those pupils who were absent during previous visits to their schools. The same method of screening was used as in previous years, namely, the "picture-card whisper test", and the fact that it is a very acceptable test for children is well illustrated in that only six out of 1,303 pupils were reluctant to co-operate. The overall absentee rate was rather higher than previously found but every effort was made to try to see the absentees during subsequent visits to their schools.

Table SR.3

The following table summarises the total number of children tested in the schools visited, the number of absentees, the number of un-co-operative children and the number who failed the "whisper test".

Number of children tested	Number of unco-operative children	Number of absentees	Number of failures
1,303	6	171	80

(ii) *Hearing Assessment Clinics*

The assessment of hearing by pure-tone audiometry was continued in sessions held at the Authority's clinics manned by the Teacher of the Deaf and a Clinic Nurse qualified to undertake this assessment. The children examined included all the pupils who failed the "whisper card test" at school and 171 pupils referred from other sources, e.g., school medical inspection, educational psychology service, parents and teachers, making a total of 251 children.

Any child who is thought to have a condition amenable to treatment is referred for E.N.T. specialist examination, while other children with significant hearing loss are kept under observation and re-examined periodically. Significant hearing loss is usually accepted as a hearing loss greater than 30 decibels in both ears, but any child with a lesser loss who gives a history of an ear, nose and throat condition will also be kept under observation, just as will any child who may have normal hearing in one ear but relatively poor hearing in the other.

The results of assessments during 1970 were as follows:—

Satisfactory hearing	58
Referred for E.N.T. specialist opinion ..	70
Referred for further observation ..	123
	251

The 155 children referred for further observation were all seen again during the year with results as follows:

Satisfactory hearing	32
Referred for E.N.T. specialist opinion ..	10
To continue under observation	81
	123

4. Dental Treatment

The year under review provided yet another complete change of whole-time dental officer personnel. Mr. D. T. Hoskins, Senior Dental Officer, resigned in May to take an appointment elsewhere in Glamorgan and he was succeeded in August by Miss P. F. Murphy. In October, Miss Murphy was appointed Area Dental Officer, following the resignation of Mr. M. James ap John from that post.

In addition, Mr. K. Howells was appointed in October on a sessional basis, working for six sessions each week, while Mr. Alun R. Owen continued to work one session weekly. The two dental auxiliaries remained throughout the year in whole-time service, with their time being devoted both to the treatment of children, under the supervision and direction of a dental officer, and to the promotion of dental health education at schools in the area.

Despite the changes in personnel, continuity of treatment was maintained very well at the two main treatment centres at the clinics situated at Ystrad and Ferndale, respectively, and a summary of the work undertaken is given in Table V of the Appendix to this report.

5. Defective Vision

During 1970, 1,880 children were examined at local authority refraction clinics compared with 1,583 in the previous year and 550 prescriptions for glasses were issued.

Ninety-six children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

6. Speech Therapy

The Authority's speech therapist terminated her part-time appointment in July 1970 and during the period when she was available 171 pupils were seen at her clinics. 111 of these pupils received treatment and 63 of them were discharged as having improved or been cured or where treatment had been discontinued for other reasons. The following table analyses the symptoms of cases treated at Clinics.

Table SR.4

Symptoms of Cases Treated at Clinics

Stammering	18
Dyslalia	38
Cleft Palate	2
Deafness	3
Lateral "S"	6
Interdental "S"	7
Rhinolalia (Nasality)	6
Dysarthria	1
Low I.Q.	10
Retarded speech	16
Aphasia	4
	111

Before the speech therapist left, arrangements were made for her to visit all the Infants Schools in the Area to discuss with Headteachers and Class Teachers the problems of children with speech defects and to give advice regarding speech and language stimulation.

7. Infectious Diseases

Table SR.5 shows numbers of notifications of various diseases amongst children during the year.

Table SR.5

Cases of Infectious Disease Notified During 1970
(under 15 years)

Notifiable Disease	*Total*
Measles	921
Scarlet Fever	35
Whooping Cough	7
Infective Jaundice	95
Tuberculosis	1

8. Child Guidance

During 1970, seventy-four children were seen by Dr. K. W. Aron, Consultant Child Psychiatrist for Glamorgan, at his regular clinics in Rhondda, now held at Carnegie Welfare Centre, Trealaw, while close co-operation continues to be maintained with Mr. Brian Tew, the Borough's Educational Psychologist.

9. Hospitalised Accidents in Childhood

As from the 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health Visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for 1969.

Table SR.6

Table Showing Age and Sex Distribution of Hospitalised Accidents

Age Group	Male		Female		Total	
	1969	1970	1969	1970	1969	1970
0—	—	1	1	1	1	2
1—	38	28	21	18	59	46
5—	13	11	6	4	19	15
10—15	6	9	2	3	8	12
All Ages	57	49	30	26	87	75

Table SR.7

Table Showing Distribution of Accidents by Day of Occurrence

Day of Week	No. of accidents	
	1969	1970
Monday	9	8
Tuesday	13	19
Wednesday	12	8
Thursday	7	10
Friday	14	4
Saturday	14	11
Sunday	18	15
Total	87	75

Table SR.8

Table Showing Distribution of Hospitalised Accidents by Place of Occurrence

A. *Accidents at home* — 57

(1) *Inside*—

(*a*) basement 3

(*b*) Ground floor 44

(*c*) Upper floor 7

(2) *Outside* (Garden, etc.)—

(*a*) rear 1

(*b*) Front 2

The injuries sustained fall into the following groups :—

(*a*) Falls 3

(*b*) Burns and scalds .. 2

(*c*) Others 52

B. *Accidents outside home* — 18

(1) *In the roadway*—7, 5 of which were due to falls, with 2 due to other causes.

(2) *Vehicular injuries*—3, of which the association vehicle is shown below.

(*a*) Pedal cycle 2

(*b*) Motor cycle 0

(*c*) Car 1

(*d*) Bus 0

(*e*) Goods vehicle 0

(3) *In school*—1, due to a fall.

(4) *In the playground*—7, 6, of which were due to falls, with 1 due to other causes.

Table SR.9

Table Showing the Nature of Injuries

Nature of Injury	Number affected	
	1969	1970
Contusion	—	3
Concussion	8	10
Fracture	13	5
Dislocation and Sprain ..	—	—
Internal Injury	—	—
Wounds and Lacerations ..	8	5
Foreign Bodies in Orifice ..	1	—
Ingestion of Foreign Bodies ..	55	50
Superficial	2	2
Total	87	75

STATISTICAL APPENDIX TO BOROUGH SCHOOL MEDICAL OFFICER'S OBSERVATIONS

TABLE SR.10

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :—

Entrants	2,943
Second age group	—
Third age group	—
Total	2,943
Number of other periodic inspections	—
Grand total	2,943

B. OTHER INSPECTIONS

Number of special inspections	1,226
Number of re-inspections	475
	1,701

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Disease and Infestation with Vermin)

Age groups inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table SR.3 (3)	Total individual pupils (4)
Entrants	2	92	84
Second age group	—	—	—
Third age group	—	—	—
Total	2	92	84
Additional periodic inspection	—	—	—
Grand total	2	92	84

Table SR.10 (*cont.*)

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table 1A.

Age groups inspected	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	Percentage of column (2)	No.	Percentage of column (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	2,943	2,943	100·0	—	—
Second age group	—	—	—	—	—
Third age group	—	—	—	—	—
Total	2,943	2,943	100·0	—	—

Table SR.11

Infestation With Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	23,654
(ii)	Total number of individual pupils found to be infested	428
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (section 54(2) Education Act, 1944)	2
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (section 54(3) Education Act, 1944)	—

Table SR.12

Return of Defects Found by Medical Inspection in the Year

Defect or disease (1)	Periodic inspections		Special inspections	
	Requiring treatment (2)	Requiring observation (3)	Requiring treatment (4)	Requiring observation (5)
Skin	11	59	2	11
Eyes—				
(*a*) Vision	2	14	—	10
(*b*) Squint	13	33	—	11
(*c*) Other	1	18	1	5
Ears—				
(*a*) Hearing	3	44	—	14
(*b*) Otitis media ..	1	16	—	5
(*c*) Other	1	31	—	3
Nose or throat	37	516	86	55
Speech	12	41	—	2
Lymphatic glands ..	1	239	—	3
Heart	2	108	—	12
Lungs	5	87	—	19
Development—				
(*a*) Hernia	—	17	—	—
(*b*) Other	2	36	—	—
Orthopaedic—				
(*a*) Posture	2	39	—	—
(*b*) Feet	31	303	—	3
(*c*) Other	8	62	—	4
Nervous system—				
(*a*) Epilepsy	1	15	—	—
(*b*) Other	—	18	—	—
Psychological—				
(*a*) Development ..	—	25	—	6
(*b*) Stability	—	20	—	4
Abdomen	—	—	—	8
Other	4	43	—	10

Table SR.13

Treatment of Pupils Attending Maintained Primary and Secondary Schools

Group 1—Eye Diseases, Defective Vision and Squint

	Number of pupils known to have been treated
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint) ..	1,469
Total	1,469
Number of pupils for whom spectacles were prescribed	550

Group 2—Diseases and Defects of Ear, Nose and Throat

	Number of pupils known to have been treated
Received operative treatment:	
(*a*) for disease of the ear	—
(*b*) for adenoids and chronic tonsillitis ..	—
(*c*) for other nose and throat conditions	—
Received other forms of treatment ..	109
Total	109

Group 3—Orthopaedic and Postural Defects

	Number of pupils known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	242

Table SR.13 (*cont.*)

Group 4—Diseases of the Skin (excluding uncleanliness)

	Number of pupils known to have been treated
Ringworm—	
(*a*) Scalp	—
(*b*) Body	—
Scabies	12
Impetigo	—
Other skin diseases	66
Total	78

Group 5—Child Guidance Treatment and Speech Therapy

	Number of pupils known to have been treated
Pupils treated—	
(*a*) Under Child Guidance arrangements	74
(*b*) Under Speech Therapy arrangements	111
Total	185

Group 6—Other Treatment Given

	Number of pupils known to have been treated
(*a*) Miscellaneous minor ailments	—
(*b*) Other—	
(1) Genito-urinary system	104
(2) Digestive system	95
(3) Infections	101
(4) Epilepsy	38
(5) Other medical conditions	293
(6) Accidents	75
Total	706

Table SR.14

Dental Inspection and Treatment Carried Out by Authority, 1970

A. Attendances and Treatment

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	687	527	180	1,394
Subsequent visits	2,553	1,549	466	4,568
Total visits	3,240	2,076	646	5,962
Additional courses of treatment commenced	31	57	19	107
Fillings in permanent teeth	1,085	1,904	511	3,500
Fillings in deciduous teeth	1,916	282	—	2,198
Permanent teeth filled	819	1,621	486	2,926
Deciduous teeth filled	1,469	221	—	1,690
Permanent teeth extracted	128	226	87	441
Deciduous teeth extracted	901	190	—	1,091
General anaesthetics	297	89	17	403
Emergencies	105	64	19	188
Number of pupils X-rayed				326
Prophylaxis				292
Teeth otherwise conserved				151
Number of teeth root filled				82
Inlays				13
Crown				14
Courses of treatment completed				627

B. Orthodontics

Cases remaining from previous year	91
New cases commenced during year	50
Cases completed during year	11
Cases discontinued during the year	48
Number of removable appliances fitted	50
Number of fixed appliances fitted	—
Pupils referred to hospital consultant	7

C. Prosthetics	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	—	3	5	8
Number of dentures supplied	—	5	6	11

D. Anaesthetics

General anaesthetics administered by— (i) dental officers	—
(ii) medical officers	403

E. Inspections

First inspection at school. Number of pupils	—
(*b*) First inspection at clinic. Number of pupils	1,376
Number of (*a*) and (*b*) found to require treatment	1,362
Number of (*a*) and (*b*) offered treatment	1,342
(*c*) Pupils re-inspected at school/clinic	337
Number of (*c*) found to require treatment	322

F. Sessions

Sessions devoted to treatment	1,134
Sessions devoted to inspection	51

Table SR.15

Handicapped Pupils Needing Special Educational Treatment at Special Schools or Boarding Homes

Category of handicap	Ascertained during year	Placed during year	No. at Special Schools or Boarding Homes in January 1970	No. awaiting places at Special Schools or Boarding Homes
A. Blind	–	–	3	1
B. Partially sighted ..	–	1	5	–
C. Deaf	–	1	3	–
D. Partially hearing ..	–	–	5	–
E. Physically handicapped	–	–	7	–
F. Delicate	–	–	–	1
G. Maladjusted	–	–	2	–
H. Educationally subnormal	1	–	5	1
I. Epileptic	–	–	–	–
J. Speech defects	–	–	–	–
Total	1	2	30	3

CLINICS HELD IN GLAMORGAN

KEY :

Aud :	Audiometry	H :	Handicapped Children
AN :	Ante-natal Clinic	Ob :	Obesity
CH :	Child Health	Op :	Ophthalmic
CG :	Child Guidance	Or :	Orthopaedic
Ch :	Chiropody	S :	Speech Therapy
Cyt :	Cytology	Sp :	Special Examinations
D :	Dental	Vac :	Vaccination and Immunisation
FP :	Family Planning	Ver :	Verruca

Clinic address	*Sessions held*
ABERDARE AND MOUNTAIN ASH HEALTH DIVISION	
Aberdare Road, Mountain Ash	CH Ch D Op Sp Vac
Avondale Street, Ynysboeth	Aud CH Or Sp Vac
Community Centre, Llwydcoed	CH
Cwmcynon Hall, Penrhiwceiber	Aud AN CH Ch Cyt FP Or Sp Vac
Derlwyn, Penywaun	Aud AN CH Ch Or Sp Vac
Godreaman Unemployed Social Club, Brynmair Road, Cwmaman	Aud CH
Health Centre, Brecon Road, Hirwaun	Aud AN CH Ch D H Op Or Sp Vac
Mountain View, Perthcelyn	CH
Red Cross Hall, Cwmdare	CH
Rock Grounds, Aberdare	Aud AN CH Ch Cyt D FP Op Or Sp Vac
Walter Street, Abercynon	AN CH Ch Op Sp Vac
Workmen's Hall, Cwmbach	Aud CH Ch Or Sp Vac
Y.M.C.A., Aberaman	CH
CAERPHILLY AND GELLIGAER HEALTH DIVISION	
All Saints Church Hall, Llanbradach	CH
Bethel Baptist Church, Cefn Hengoed	CH
Church Hall, Pontlottyn	AN CH Ch
Community Centre, Aneurin Bevan Avenue, Gelligaer	CH
Community Hall, Taffs Well	CH Ch
County Council Clinic, Bryncelyn, Nelson	Aud AN CH Ch Sp
County Council Clinic, Denscombe Estate, Caerphilly	Aud CH Ch Cyt D FP Op Or S Sp
County Council Clinic, Gwern Avenue, Senghenydd	Aud CH Ch Sp
County Council Clinic, Park Road, Bargoed	Aud AN CH Ch Cyt FP Op S Sp
County Council Clinic, Plantation Terrace, Fochriw	Aud AN CH Ch Cyt FP Or
County Offices, Caerphilly Road, Ystrad Mynach	Aud Ch Cyt D FP Op Or Sp
Former Infants School, Mill Road, Deri	CH
Gosen Calvinistic Methodist Church, Bedlinog	CH
Memorial Community Hall, Glanynant, Pengam	AN CH
Oxford Hall, Rhydrhelig, Nantgarw	CH
Penyrheol Clinic, Trecenydd	Aud CH S Sp
Siloh Calvanistic Methodist Church, Ystrad Mynach	AN CH
Trinity Baptist Church Hall, Trelewis	CH
Welfare Hall, Rudry	CH
Workmen's Institute, Brithdir	CH
Workmen's Institute, Tirphil	CH
Y.M.C.A., Brynhafod Road, Abertridwr	CH Ch

Clinic address	*Sessions held*
MID-GLAMORGAN HEALTH DIVISION	
Ainon Chapel, Heolycyw	AN CH
Ambulance Hall, Llangeinor	CH
Bridgend Urban District Council Offices, Glanogwr, Bridgend	CH
Church Hall, Blackmill	CH
Church Hall, Laleston	AN CH
Church Hall, Wick	AN CH
Community Hall, Heol Glannant, Bridgend	CH
County Council Clinic, Mynydd Cynffig Infants' School, Kenfig Hill	D
County Council Clinic, Quarella Road, Bridgend	Aud CH Ch D FP Op Or S Sp
Elm Crescent, Bryntirion, Bridgend	CH
Litchard Mobile Clinic, Link Road, between Garfield Avenue, Litchard, Bridgend	CH
Hope Congregational Vestry, Porthcawl	CH
Maesteg Park Social Club, Park Estate, Maesteg	CH
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	CH Ch D Sp
Maternity and Child Welfare Clinic, Bryncwils, Sarn	AN CH Sp
Maternity and Child Welfare Clinic, Church Street, Maesteg	AN CH Ch D Op Or S Sp
Maternity and Child Welfare Clinic, Dyffryn Road, Caerau	AN CH Ch Sp
Maternity and Child Welfare Clinic, Glanrhyd, Nantymoel	AN CH Ch Sp
Maternity and Child Welfare Clinic, Greenfield Terrace, Cornelly	CH Ch FP Sp
Maternity and Child Welfare Clinic, New Street, Aberkenfig	AN CH Ch Sp
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN CH Ch D Sp
Maternity and Child Welfare Clinic, South Place, Porthcawl	AN CH Ch D Sp
Maternity and Child Welfare Clinic, Waunpant Road, Kenfig Hill	AN CH Ch Sp
Maternity and Child Welfare Clinic, West Side, Bettws	CH Sp
Maternity and Child Welfare Clinic, Wimbourne Road, Pencoed	AN CH Ch Sp
Pantyrawel Welfare Hall, Lewistown	CH
Penybont Rural District Council Offices, Greenmeadow, Coity Road, Bridgend	CH Cyt Sp
Social Services Hall, Llangynwyd	AN CH
Tabernacle Vestry, Blaengarw	CH
The Old School, St. Brides	AN CH
The Sports Pavilion, Cae Goffa, Recreation Ground, Cefn Cribbwr	AN CH
NEATH AND DISTRICT HEALTH DIVISION	
Addoldy Road, Clinic, Glyn Neath	Aud AN CH Ch Cyt D FP H Op S Sp Vac
Ambulance Hall, Crynant	CH
Cefn Parc, Skewen	Aud AN CH Ch Cyt D H Op Sp Vac
Croesffordd Community Centre, Rhigos	CH

Clinic address	*Sessions held*
NEATH AND DISTRICT HEALTH DIVISION—*continued*	
Cwmbedd Clinic, Cwmbedd, Briton Ferry	Aud AN CH Cyt H S Sp Vac
Dyfed Road, Neath	Aud AN CH Ch Cyt D FP H Op Or S Sp Vac Ver
Health Centre, Commercial Road, Resolven	Aud AN CH Ch Cyt FP H Sp Vac
Hunter Street, Briton Ferry	Aud AN CH Ch Cyt D H Op Sp Vac
Longford, Neath Abbey	Aud AN CH Cyt D H Sp Vac
Mary Street, Seven Sisters	Aud AN CH Ch Cyt D FP H Op S Sp Vac
St. Anne's Church Hall, Tonna	CH
St. Catherine's Parish Hall, Neath	CH
Welfare Hall, Cimla	AN CH
Y.M.C.A., Onllwyn	CH
Ysgol Hendre, Bryncoch	CH
PONTYPRIDD AND LLANTRISANT HEALTH DIVISION	
Bethania Congregational Church, Evanstown, Gilfach Goch	CH
Central Clinic, Ynysangharad Park, Pontypridd	Aud AN Ch D FP Op Or S Sp Vac
County Council Clinic, Ash Square, Rhydyfelin	Aud CH Ch D Ob Op Sp Vac
County Council Clinic, Cefn Lane, Glyncoch	Aud CH Ch Sp Vac
County Council Clinic, Gelliarael Road, Gilfach Goch	Aud AN CH Ch Sp Vac
County Council Clinic, Llwyn-yr-Eos, Church Village	Aud Ch Sp Vac CH
County Council Clinic, Mount Pleasant, Beddau	Aud AN CH Ch Op Sp Vac
County Council Clinic, School Street, Tonyrefail	Aud AN CH Ch D Or Sp Op Vac
County Council Clinic, The Square, Talbot Green	Aud AN CH Ch D FP Op Or S Sp Vac
County Council Clinic, Thompson Street, Ynysybwl	Aud AN CH Ch Sp Vac
County Council Clinic, Ty Gwyn, Scarborough Road, Pontshonnorton	CH Ch Vac
Old Age Pensioners' Hall, Foundry Road, Hopkinstown, Pontypridd	CH Vac
Saron Chapel Vestry, Saron Street, Treforest	CH Vac
St. John's Church Vestry, Graig Street, Graig, Pontypridd	CH Vac
PORT TALBOT AND GLYNCORRWG HEALTH DIVISION	
Boys' Club, Abercregan	AN CH
Brynseion Chapel Vestry, Bryn	AN CH
Community Centre, Margam	AN CH
Council Offices, Taibach, Port Talbot	Aud AN CH Ch Cyt D FP Op S
Depot Road, Cwmavon	Aud AN CH Ch Cyt D Op
Dew Road, Sandfields	Aud AN CH Ch Cyt D FP Op S
Duffryn Afan Primary School, Duffryn Rhondda	CH
Fairwood Drive, Baglan	Aud AN CH Ch Cyt Op
Health Centre, Glyncorrwg	Aud Ch
Jerusalem Chapel Vestry, Pontrhydyfen	CH
Old Council Offices, Cymmer	Aud AN CH Ch Op
Pendarvis Terrace, Aberavon	Aud AN CH Ch Cyt D Op
South Avenue, Croeserw	Aud AN CH D FP S
Tonmawr Primary School, Tonmawr	CH
Villiers Road, Blaengwynfi	Aud AN CH Ch Cyt
Ynys Street, Port Talbot	AN CH Ch Or

Clinic address	*Sessions held*
South-East Glamorgan Health Division	
Ambulance Station, Cowbridge	Ch
Beecroft, 112 Stanwell Road, Penarth	Aud AN CH Cyt D FP Op Or S Sp Vac
Boverton Road, Llantwit Major	Aud AN CH Ch Cyt D Op Or Sp Vac
Church Hall, Radyr	CH Vac
Church Road, Cadoxton, Barry	CH Ch S Vac
Elm Road, Llanharry	Aud CH Ch Sp Vac
Fontygary Road, Rhoose	AN CH Ch Vac
Former County Primary School, Lisvane	CH Vac
Friars Road, Barry Island	CH Ch Vac
Horeb Chapel Vestry, Pentyrch	CH Ch Vac
Methodist Church Hall, Albert Road, Penarth	CH Vac
Methodist Church Hall, Porthkerry Road, Barry	CH Vac
Pensioners' Hall, Llanharan	CH Vac
Reading Room, Harriet Street, Cogan, Penarth	CH Vac
Trinity Church Hall, Stanwell Road, Penarth	Ch
Village Hall, Pendoylan	Ch
Village Hall, Tongwynlais	CH Ch Vac
Winston Road, Colcot, Barry	CH Ch Sp Vac
Wyndham Street, Barry Dock	Aud AN CH Ch Cyt D FP Op Or Sp Vac
Youlden House, Dinas Powis	CH
Youth House, Dinas Powis	CH Ch Vac
Mobile Dental Clinic. Cowbridge Ambulance Station, Llanharry, Pendoylan, Lisvane, Llanharan.	
Mobile Child Care Clinic. Llandough, Lower Penarth, Cowbridge, St. Nicholas, R.A.F. St. Athan, Litchard, Brynna, Treoes, Llangan, St. Athan, Penllyne, Llanblethian, Colwinston, Llandow, Castleton, St. Mary Church, Sigginston, Gwaelodygarth, Porthkerry, Llancarfan, Sully, Creigiau, Pendoylan, Peterston, Wenvoe.	
West Glamorgan Health Division	
Carmel Chapel Vestry, Gwauncaegurwen	CH Ch
Chapel Vestry, Reynoldston	CH
County Council Clinic, Dulais Road, Pontardulais	Aud AN CH Ch Cyt FP Or S Sp Vac
County Council Clinic, Murton Green, Bishopston	Aud AN CH Ch Cyt D Or S Sp
County Council Clinic, Tirbach Road, Ystalyfera	Aud AN CH Ch D Or S Sp Vac
County Council Clinic, Sybil Street, Clydach	Aud AN CH Ch Or S Sp Vac
Health Centre, Princess Street, Gorseinon	Aud AN CH Ch Cyt D FP Op Or S Sp Vac
Infants' School, Pontardawe	Ch D Op Or S Sp Vac
Old School House, Cwmllynfell	CH Ch
Rechabites Hall, Gowerton	CH Ch
Tabernacle Church Vestry, Penclawdd	AN CH
Unemployed Welfare Centre, Dunvant	CH
Village Hall, Rhosili	CH
Village Hall, Upper Killay	CH
Welfare Hall, Penclawdd	Ch
Ynysderw House, Pontardawe	AN CH Cyt FP

Clinic address	*Sessions held*
Borough of Rhondda	
Carnegie Welfare Centre, Trealaw	Aud AN CH CG Ch FP Sp Vac
Clydach Court, Home for the Aged	Ch
Court House, Tonypandy	CH Ch Sp Vac
Fairfield Home for the Aged	Ch
Ferndale House, Home for the Aged	Ch
Hendrecafn Road, Penygraig	Aud CH Ch Sp Vac
Oakland Terrace, Ferndale	Aud AN Ch CH D FP Op Sp Vac
Pentre, Home for the Aged	Ch
Trafalgar Terrace, Ystrad	Aud AN CH Ch D FP Op Sp Vac
Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	Aud Ch CH Sp Vac
Y.M.C.A., Porth	CH
Ynyswen, Treorchy	Aud AN CH Ch Cyt D Op Sp Vac

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